DOCUMENT RESUME

ED 343 037 CG 024 051

TITLE	Teacher Intervention Practices: TIPS. A Companion Document to the Teacher Alert System.
INSTITUTION	Alberta Dept. of Education, Edmonton. Education Response Centre.
REPORT NO	ISBN-0-7732-0720-1
PUB DATE	92
NOTE	178p.; For "Teacher Alert System," see ED 339 989.
PUB TYPE	Guides - General (050)
EDRS PRICE	MF01/PC08 Plus Postage.
DESCRIPTORS	Educational Diagnosis; Elementary School Students; Elementary Secondary Education; Foreign Countries; *High Risk Students; Identification; *Intervention; Needs Assessment; Secondary School Students; *Student Problems; *Teacher Role
IDENTIFIERS	*Alberta

ABSTRACT

"Teacher Intervention Practices (TIPS)," designed for Alberta classroom teachers and other school personnel concerned about students who may be at risk for learning problems, is a companion document to "Teacher Alert System." While "Teacher Alert System" helps the teacher to identify which students in the classroom might be at risk of school failure and specific problems of concern, TIPS helps the teacher to determine what type of intervention framework will be most effective and to decide on specific tactics for intervention. Following the Introduction in section I, section II outlines the steps to take in using TIPS, section III discusses community support, and section IV provides a Behavioral Index listing behaviors of concern to the teacher. Section V focuses on the five areas of concern that form the core of the Teacher Alert System and TIPS: (1) family and welfare issues; (2) classroom environment factors; (3) physical/sensory disorders; (4) developmental and learning disorders; and (5) temperament and behavior disorders. For each area, indicators are provided along with criteria for action, possible reasons from the problem, and tips on how to address the problem. Each area of TIPS also has a Sources of Support section that lists types of personnel who will have expertise in the particular area of concern, or appropriate agencies to contact for assistance. Section VI provides teacher forms for planning and referral. (NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

CG

ED343037

TEACHER INTERVENTION

A companion document to the Teacher Alert System

CG024051

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
S. Wolodko

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ERC
Alberta Education
Response Centre

BEST COPY AVAILABLE

TEACHER INTERVENTION PRACTICES:

TIPS

A companion document
to the Teacher
Alert System

ALBERTA EDUCATION
EDUCATION RESPONSE CENTRE
1992

ALBERTA EDUCATION CATALOGUING IN PUBLICATION DATA

Alberta Education Response Centre.
Teacher intervention practices : tips.

ISBN 0-7732-0720-1

1. Dropout behavior, Prediction of. 2. Problem children -- Education -- Alberta. 3. Problem children -- Alberta -- Identification. 4. Dropouts -- Alberta.
I. Title

LC146.8.C2.A333 1992 371.93

Additional copies of ***Teacher Intervention Practices*** (TIPS) and ***Teacher Alert System*** (TAS) may be obtained from:

Learning Resources Distributing Centre (LRDC)
12360 - 142 Street
Edmonton, Alberta, T5L 4X9
Telephone: 403/427-2767
Fax: 403/422-9750

© Copyright 1992, the Crown in Right of Alberta, as represented by the Minister of Education. Alberta Education, 11160 Jasper Avenue, Edmonton, Alberta T5K 0L2. All rights reserved.

ACKNOWLEDGMENTS

The Alberta Education Response Centre wishes to acknowledge the following individuals who assisted in the development and production of this resource.

Author:	Enid G. Wolf-Schein
Project team:	Alexandra Hildebrandt, Coordinator Education Response Centre — Edmonton
	Lin Taylor, Consultant Education Response Centre — Edmonton
	Patricia Cox, Research Officer Education Response Centre — Edmonton
Editors:	Patricia Cox Barbara McCord

TIPS was also reviewed by Ron Dyck, Provincial Suicidologist, Alberta Health; Orrin Lyseng, Mental Health Promotion, Alberta Health; Curriculum Branch, Alberta Education; and Elaine Kryzanowski, Child Development Validator, Alberta Education.

Many teachers and other school personnel participated in the pilot study of this document providing excellent comments and specific suggestions, which contributed to the final version. Staff in various local and provincial agencies also made useful suggestions that have been incorporated. *TIPS* has been enriched by this help and it is greatly appreciated.

This document was prepared by the Alberta Education Response Centre, under the direction of:

Harvey Finnestad, Director

Rick Morrow, Deputy Director

Carl Simonson, Coordinator

TABLE OF CONTENTS

Page

ACKNOWLEDGMENTS i

I. INTRODUCTION

A. Rationale and Guide for Teacher Managed Intervention for Students Who Are "At Risk" of School Failure ..... I • 1
B. The Decision Making Process ..... I • 2
C. Student "At Risk" Checklist ..... I • 3
D. Areas of Concern in TIPS ..... I • 4
E. TIPS Intervention Format ..... I • 8
F. Comparison of Teacher Alert System Checklists with Corresponding TIPS Areas ..... I • 8

II. THE MANAGEMENT PROCESS ..... II • 1

III. DEVELOPING COMMUNITY SUPPORT ..... III • 1

IV. BEHAVIORAL INDEX ..... IV • 1

V. SECTION INDEX • AREAS ADDRESSED IN TIPS

A. Family and Welfare Issues

1. Child Abuse and Neglect ..... V • A • 2
2. Child Sexual Abuse ..... V • A • 8

B. School and Classroom Environment

1. Classroom Environment ..... V • B • 2
2. Teacher Stressors ..... V • B • 8
3. School Security ..... V • B • 12

C. Physical/Sensory Disorders

1. Allergies and Asthma ..... V • C • 2
2. Blood Sugar Problems ..... V • C • 6
3. Eating Disorders ..... V • C • 9
4. Nutrition ..... V • C • 12

5. Hearing Problems ..... V • C • 15
6. Vision Problems ..... V • C • 21
7. Seizure Disorders ..... V • C • 26
8. Tic Disorders ..... V • C • 30

D. Developmental and Learning Disorders

1. Learning Disabilities ..... V • D • 2
2. Attention Deficit Disorders ..... V • D • 8
3. Attention Deficit Disorder with Hyperactivity ..... V • D • 13
4. Language Learning Problems (Expressive and Receptive) ..... V • D • 19
5. Severe Communication Problems ..... V • D • 24
6. Educational Deficits ..... V • D • 27

E. Temperament and Behavior Disorders

1. Student Learning Styles ..... V • E • 2
2. Student Anxiety ..... V • E • 5
3. Avoidant Behaviors ..... V • E • 9
4. Defiant Behaviors ..... V • E • 12
5. Conduct Problems ..... V • E • 17
6. Student Self-Attitude -- Depression ..... V • E • 22
7. Potential School Dropouts ..... V • E • 28
8. Suicidal Tendencies ..... V • E • 32

VI. TEACHER FORMS FOR PLANNING AND REFERRAL

A. Teacher Analysis of Behavioral Symptoms (TABS) ..... VI • 2
B. Teacher Planning Chart ..... VI • 6
C. Student Referral Form ..... VI • 7

INTRODUCTION

A. Rationale and Guide for Teacher Managed Intervention for Students Who Are "At Risk" of School Failure

Teacher Intervention Practices (TIPS) is a companion to the *Teacher Alert System* (TAS). It is for classroom teachers and other school personnel concerned about individual students who may be at risk for learning problems.

It is recognized that in each area of development, cognitive, affective and psychomotor, there is a wide range of normal behavior, and that some students' behaviors can deviate from teacher's and parent's expectations and yet not present a special problem. The *Teacher Alert System* and TIPS are only to be used to assist in the identification and assessment process for children who have *special* needs, problems so severe they interfere greatly with learning and adjustment.

The term "at risk of school failure" refers to students, who without special attention, are likely to have increasing difficulty in school to the point where they will fail academically, have severe problems with socialization and self-esteem, and eventually not complete the education that is appropriate for their competence level.

TIPS addresses issues related to home and school environment, health, learning and temperament. Students who are "at risk" present a diverse picture; the issues or solutions are not simple. By recognizing that intervention must follow assessment, and that once the student's problems become clear they will be more manageable, the TIPS for teachers should fit into a natural process that most teachers can implement using the resources available in their own school.

If problems are very complex or require more time and knowledge than the classroom teacher has at his or her disposal, the teacher should know precisely what type of help is needed, and in what area to make a referral for assistance. For this reason, each area of TIPS has a Sources of Support section that lists types of personnel, who will have expertise in the particular area of concern, or appropriate agency who can render assistance.

B. The Decision-Making Process

- The *Teacher Alert System* (TAS) helps the teacher identify:
  1. Which student(s) in the classroom might be at risk of school failure.
  2. Specific problems of concern.
- *Teacher Intervention Practices* (TIPS) helps the teacher determine:
  1. What type of intervention framework will be most effective.
  2. Specific tactics for intervention.

Using TIPS

- Review **Student "At Risk" Checklist** (page I•3).
- Review ***Indicators*** preceding each **area** to see if the behaviors describe your student.
- If so, initiate the suggested **TIPS.**
- Always consider
  - **Classroom Environment** (page V•B•2)
  - **Teacher Stressors Checklist** (page V•B•8)
  - **Physical/Sensory Disorders** (section V•C)

  to ascertain factors that might influence the student's behavior.
- Begin planning intervention by considering the **Teacher Analysis of Behavioral Symptoms (TABS)** (page VI•2) along with the appropriate assessments.

C. Student "At Risk" Checklist

Review the **Student "At Risk" Checklist** any time a problem is suspected.

If any of the items are checked it might indicate a need for investigation and possible intervention. *This list does not cover every possibility that could lead to a student having problems in school. The teacher needs to use it in conjunction with other observations, and with the Behavioral Index and Indicators under each section, to get a broader picture of the type of difficulty a student might be having.* It does not automatically follow that a particular event or condition is associated with school failure. Some individuals succeed in spite of adversity. However, these guidelines can be helpful.

Student "At Risk" Checklist

- ☐ 1. Does this student have a greater number of problems than other students in the class?
- ☐ 2. Has there recently been a radical change in the student's behavior?
- ☐ 3. Is the student's behavior inappropriate for his age? (e.g., separation anxiety is quite appropriate for a four to six year old but not for a teenager).
- ☐ 4 Are behavioral or learning disorders present?
- ☐ 5 Are there physical problems that might be impeding the student's progress?
- ☐ 6. Might outside factors, such as recent stressful events, be causing this student difficulty?
- ☐ 7. Is this student at an age, developmental stage or in a situation that could lead to vulnerability? (e.g., adolescence, parents divorcing)
- ☐ 8. Does his/her placement seem inappropriate for any reason? Are conditions in the classroom such that the student's social, emotional and esthetic needs cannot be met?
- ☐ 9. Do the teacher's management style and reinforcement system conflict with this student's needs?

If the answer is "Yes" to any of the items on the preceeding page consider:

- The *specific* behaviors of concern
- Assessment and intervention strategies that could assist this student
- The overall management process, beginning in the classroom
- Other school personnel who should be involved in this process
- Community support that has been, or needs to be developed
- How to include the family in the assessment and remediation process.

D. Areas of Concern in TIPS

Both the *Teacher Alert System* and *TIPS* are divided into five areas of concern, each of which should be considered when a student is having difficulty getting along or making academic progress in school.

Areas of Concern in TIPS

(A) Family and Welfare Issues
(B) School and Classroom Environment
(C) Physical/Sensory Disorders
(D) Developmental and Learning Disorders
(E) Temperament and Behavior Disorders

Moving from assessment (*Teacher Alert System*) to intervention (*TIPS*)

The *Teacher Alert System* highlights areas of concern in three ways:

- A Table of Contents ***Section Index*** divided into five areas
- **Checklist titles** in each section indicating specific contents
- A ***Behavioral Index*** listing problem behaviors/ presenting signs that direct the teacher to various checklists containing those behaviors. Checklists that most completely address the individual student's behaviors are then used. To intervene assessors go to corresponding **TIPS.**

TIPS Areas:

A. Family and Welfare Issues

The student's problem may not be related to the school or academic program. More hours are spent out of the classroom than in, and for some students these hours can be difficult. Do these or similar factors describe your student?

- New to the community and not adjusting well
- Recent loss of good friends or family member
- Recent traumatic experiences
- Problems at home or in their neighborhood
- Turmoil due to family quarrels, family worries, difficulties with jobs
- Poor health
- Disagreement with siblings or parents/guardian
- Physical violence, neglect or sexual abuse.

B. Classroom Environment Factors

The teacher should consider whether the physical attributes of the school and the classroom, including the stressors in his or her own life, are conducive to the student's learning. Some of the following should be considered:

- classroom temperature
- classroom acoustics
- comfort of classroom furniture
- factors influencing allergic conditions.

C. Physical/Sensory Disorders

This area includes health problems, physical disorders and sensory disorders. Any problem that interferes with the student's physical condition may decrease stamina, coordination and ability to perform, and interest in schoolwork. The teacher should take into account:

- illness
- poor medical care
- hearing problems
- vision problems
- movement problems
- poor nutrition.

D. Developmental and Learning Disorders

Developmental disorders can arise in the areas of affect, cognition, language and psychomotor skills. Often, early and intense intervention can alleviate many problems, but without help children may evidence increasingly severe problems. In this area some of the possibilities to consider are:

- Students' emotional maturity
- Delays in development of language and psychomotor skills
- Students who cannot handle demands of group instruction
- Students who may not deal effectively with large peer groups
- The complete variety of specific learning problems.

E. Temperament and Behavior Disorders

Students who often cause the most difficulty are those who are noncompliant and create management problems. Difficulties in these areas usually have their roots somewhere else; if the history of the student could be examined it might show a problem at home, a physical or sensory disorder, or an attention or learning disorder. Issues of self-esteem are also of importance. It would be a mistake to ignore underlying factors when a student has a temperament disorder. Such students may need altered expectations, task demands and pressure, or an environment where there is more appropriate stimulation. Always consider all of the possibilities that could create the following:

- physical, developmental, learning and temperament delays and deviancies
- hyperactivity, inattention, impulsivity, irritability and poor habit regulation.

While "acting out" students have always been the focus of attention because of the sometimes immediate need to address their behavior, there are many other ways in which students may indicate they have problems including:

- fearfulness and anxiety
- depression
- lack of concentration
- lack of impulse control
- poor self-control in the form of stealing or gambling and other antisocial behaviors
- substance abuse.

Interrelationships Between Problems

Many problems are interrelated. Some possibilities follow:

- A student from a home where there is stress and lack of support may develop oppositional-defiant behaviors or start to use drugs and alcohol
- A student who cannot concentrate because of sinus headaches may begin to have learning problems
- A student who does not see well may appear clumsy and ill-kempt
- A student who works to earn money does not get enough sleep and may be tired and irritable.
- A student with dental problems does not eat well, may become tired and lethargic and withdraws from physical activities
- A student who drinks excessively because of an untreated blood sugar problem, will also need to urinate frequently bringing attention to himself/herself that could be embarrassing and cause social withdrawal.

Any time a student has one problem, there is a chance he/she may have another. The teacher should think of it as a puzzle. If a piece is missing where might it be? It is much better to view the student's behaviors as a "challenge," rather than a problem!

In this process, the teacher also needs information and assistance from the student's family and other school personnel, starting with administration.

Summary

Although areas of risk are divided into five categories, the intent of TIPS is not to diagnose or label students, but to focus on sets of behavior that can serve as a basis for assessment, planning, intervention and program evaluation. There are some areas where students with suspected difficulties must be referred to a professional in the field as soon as possible. The areas include child abuse, anxiety disorders, depression and suicidal tendencies. The same applies to some of the physical and sensory disorders included in Section C, which are medical concerns including blood sugar problems, seizures, hearing problems and vision problems. In these cases, the value of TIPS is to give the teacher a framework for referral, and some information to work with the student and other professionals if a diagnosis is made.

E. TIPS Intervention Format

Indicators

Lists of individual behaviors in a specific area.
- Help identify problems for direct action by the teacher.
- Help make a more informed referral.
- Correspond to checklists in the *Teacher Alert System.*

Note: Indicators are not to be used for diagnostic purposes. They should be interpreted only in conjunction with other school, medical, psychological and family information about students.

Criteria for Action

How to critically examine the *Indicators* to determine the significance of the behaviors.

Possible Reasons

An examination of some of the possible reasons the student might be having difficulty.

Teacher Intervention Practices

TIPS

Suggestions the teacher can incorporate into the classroom routine and other daily activities of the student.

Sources of Support

Support persons, systems and resources to help with the intervention practices.

F. Comparison of *Teacher Alert System* Checklists with Corresponding TIPS Areas

The chart on the following page lists the *Teacher Alert System* checklists with the corresponding indicators in *TIPS*:

	Teacher Alert System		TIPS
(A)	**Family and Welfare Issues**	(A)	**Family and Welfare Issues**
	Parent-Student Information		
	Abuse and Neglect Indicators		Child Abuse and Neglect
	Child Sexual Abuse Indicators		Child Sexual Abuse
(B)	**School and Classroom Environment**	(B)	**School and Classroom Environment**
	Classroom Environment Checklist		Classroom Environment
	Teacher Stressors Checklist		Teacher Stressors
	School Security Checklist		School Security
(C)	**Physical/Sensory Disorders**	(C)	**Physical/Sensory Disorders**
	Allergy Checklist		Allergies and Asthma
	Blood Sugar Problems Checklist		Blood Sugar Problems
	Eating Disorders Checklists		Eating Disorders
	Nutrition Checklist		Nutrition
	Hearing Problems - Teacher Checklist		Hearing Problems
	Hearing Problems - Student Checklist		
	Vision Problems Checklist		Vision Problems
	Seizure Observation Checklist		Seizure Disorders
	Tic Disorders Checklist		Tic Disorders
(D)	**Developmental and Learning Disorders**	(D)	**Developmental and Learning Disorders**
	Learning Disabilities Checklist		Learning Disabilities
	Attention Behavior Checklist (ABC)		Attention Deficit Disorders
	Attention Deficit Disorder with Hyperactivity Checklist		Attention Deficit Disorder with Hyperactivity
	Language Learning Problems Checklist		Language Learning Problems (Expressive and Receptive)
	Wolf Expressive/Receptive Language Checklist (WERLS)		
	Severe Communication Problems Checklist		Severe Communication Problems
	Student Educational Assessment Screening (SEAS)		Educational Deficits
(E)	**Temperament and Behavior Disorders**	(E)	**Temperament and Behavior Disorders**
	Student Learning Styles		Student Learning Styles
	Wolf Student Behavior Screening (WSBS)		
	Student Anxiety Checklist		Student Anxiety
	Avoidant Behaviors Checklist		Avoidant Behaviors
	Defiant Behaviors Checklist		Defiant Behaviors
	Conduct Problems Checklist		Conduct Problems
	Student Self-Attitude Checklist (Depression)		Self-Attitude - Depression
	Potential School Dropout Indicators		Potential School Dropouts
	Risk of Suicide Checklist		Suicidal Tendencies

THE MANAGEMENT PROCESS

STEP A Decide if the student is "at risk"

- Be aware of stages of development that can be temporarily alarming (e.g., between five and six years-of-age it is not uncommon to observe non-fluencies in boys, confusion of facts and fantasy, calling names, threatening others). The teacher can be directed to documents that focus on observations of children's behavior.
- Use the **Student "At Risk" Checklist** in the **TIPS** introduction.

  If there are several "yes" responses the teacher should:

  — Review each item in turn

  — Determine whether the item is associated with the presenting problem:

    — Observe the student in a variety of situations

    — Discuss the circumstances with other school personnel and the family. Involve other professionals as appropriate

  — Find the form that addresses that issue.
- Use the *Teacher Alert System* checklists or the **Indicators** in **TIPS.**

STEP B Assessment

- Consider which assessment strategies could help this student.

  There are three parts to the assessment process:

  — Self-Assessment
  — Student Assessment
  — Ongoing Evaluation

Self-Assessment

Before beginning the assessment process review the **Teacher Stressors Checklist** and the **Classroom Environment Checklist** in the *Teacher Alert System* to be sure that there is nothing in the school atmosphere that is contributing to the student's problems. Also consider what influences the family and community may have on the student's problem. If the student is going through a period of stress, or lives in a hostile environment, school functioning may be affected.

Student Assessment

By use of observations, anecdotal reporting, and more formal study and rating via use of the checklists in the *Teacher Alert System*, the teacher may determine if enough information about the student is available. If not, other school support and outside professional assessments

can be requested to assist the teacher. If outside assistance, either from within the school or from outside consultants is required, the information the teacher can contribute can be extremely valuable. Unless the teacher has a good idea of the areas of learning and behavior that need to be focused on, it is difficult to implement an intervention strategy.

Ongoing evaluation

Assessment is not a one-time procedure; it is a continuous process. Also, the teacher cannot be the only person involved. Consider who in the school or community should be involved? How can the family be involved in the assessment and remediation process?

STEP C Intervention (based directly on assessment)

With the assessments in hand, develop a management procedure that is individualized for the needs of the student. This has four parts:

- **Process**
- **Learning style**
- **Content**
- **Giving commands**

Process

An example of process is "behavior management," a term every teacher is familiar with. There are a variety of ways to implement behavior management programs, but they are all process oriented; they are used to help control a certain behavior or teach a certain skill. But they are not an end unto themselves.

Generally they include :

- An analysis of behavior; observations of how often, or with what intensity, a behavior occurs
- An intervention consisting of a positive reinforcement for the expected behavior and ignoring or providing meaningful substitutes for unacceptable behaviors.

Too often a busy teacher does not have spare time to observe carefully and reinforce what the student does that is positive, but does react when they are noncompliant. This can eventually cause problems.

The following behaviors should be part of the teacher's repertoire if they are going to see changes in any behavior or skill area:

Positive Teacher Behaviors

1. Be attentive; anticipate needs and potential problems. Do not wait until the student is upset or is causing difficulty and then react.

2. Provide quality attention.
Have times the student can depend on for individual help and attention.

3. Be consistent in your behavior.
The higher the degree of consistency the better it is for the student. Do not allow a student to act out one day without paying attention and then react later with displeasure. When students have more than one teacher this rule also applies. If one teacher has more success with a particular student than another, explore why this is so.

4. Make the environment and yourself-dependable.
If you say you are going to do something at a certain time, unless there is a really good reason, stay with your original plan.

5. Determine and announce rewards and consequences ahead of time.
Increase positive attention and rewards for compliance.
Increase use of immediate consequences for occurrences of noncompliance.

6. Be prepared with your information and materials so that students do not have time to fidget and lose interest in the lesson.

7. Recognize and terminate negative confrontations quickly.

8. Be prepared to suggest, illustrate or teach alternative behaviors if you want a student to stop a behavior.

9. Be aware that unusual events in the home could be triggering problems such as the birth of a sibling or a death in the family, and try to provide support during that time.

10. Try to find some positive aspects of the student's behavior.
Use those as a start in teaching and for reinforcement.
This helps to develop a positive self-image.

11. Wait until a private time is available to discuss negative behaviors with a student. Never tease or belittle a student in front of his peers or in any public way, no matter how "bad" he/she has been.

12. If possible, include the family in your planning, especially when you are working on a behavior that may also occur at home.

Learning style

The suggestions on the previous page apply no matter what the learning style or content. Learning style, or what could be called preferred learning modality, is very important to consider when students are having problems in school. For example, most people tend to be either visually or auditorally oriented. That means that for some children to learn you need to talk and explain. Other children need illustrations with actions, written words or pictures.

Other ways of preferred responding are important to consider. Some students like a lot of repetition and practice. Others like to apply what they learn to practical situations. Some are very concrete, if they don't see it they don't believe it or understand it. Some students learn best when they are pacing or listening to music. By tuning in to the student's style, the teacher can help the learning experience for the student to be more pleasant and rewarding. This is bound to affect his learning performance. **Student Learning Styles** in TIPS can be helpful in determining the best way to work with a student.

Many students with learning and behavior problems benefit from different presentations. One of these is the use of technology. Computers, audio- and video-tapes, and typewriters are excellent teaching aids. Art, music and drama are also approaches that appeal to some students. Programs involving aquatics, horseback riding or wilderness experiences give some students a chance to excel.

Various types of psychodrama and group meetings are not suggested unless the teacher is very experienced not only in conducting them, but in dealing with the emotions that may occur as a result of students expressing their inner thoughts or personal problems in public.

While we can't assure that students have proper nutrition, teachers may need to be aware that student's need proper nutrition and sufficient exercise. This is particularly true for young children and students who tend to be tense or hyperactive. (See **Nutrition Checklist** in the *Teacher Alert System.)*

Content

Content is critical.

Whenever the student is bored, disinterested or unable to perform in a certain area the probability of disruptive or withdrawn behavior is more likely to occur.

This does not mean that everything the student doesn't like should be avoided. It does mean that the teacher needs to be more careful about individualizing the work to allow for differing student needs.

- Be sure it is on an appropriate level.
- Find ways to teach that are geared to the student's learning style.
- Find some area the student can enjoy and achieve success.

Learning disabled students may excel at math, visually impaired students with music. A teacher should keep in mind that some students may not have experiences that are conducive to their learning. Reading may be frowned on at home. An assignment requiring materials may be distressful if the student does not have them available. Children may not have anything to share during "show and tell." But somewhere, there is something for every student.

Giving commands

It is important that as many student attempts at performance as possible be successful. For this to occur the teacher must be sure the student is ready to receive a command, has the skills or support to attempt the activity, and understands what is expected. Before making a demand of a student consider:

- Why are you asking this of the student?
- How are you asking it?
- Is the request being made when the student is ready?

Giving Commands

1. Know exactly what you expect.

2. Be sure the student is capable of complying.

3. Make sure the student is attending, particularly if he/she has a visual or hearing problem. Tap his/her shoulder, be sure he/she is looking at you.

4. Speak slowly and clearly and in language the student can understand. Make commands simple. Provide the student with information about where and when.

5. State the command as a command, not as a question. Sound firm; never sound or look angry or impatient.

6. If students have a language or hearing problem ask them to repeat the command to be sure it was heard and understood. Even when special problems are not present it is a good idea to make sure the command was comprehended!

7. Be sure there are no distracting factors that would make it hard for the student to obey an instruction. For example, requesting something that is difficult to reach or to find or that would require taking an unfamiliar path.

8. If the command is one used regularly you could have it posted or have it displayed on a card to show the student.

9. Once the student has obeyed a command do not request the same command immediately afterward. That can be very confusing.

10. When the student complies with a command, indicate immediately how well it was performed.

DEVELOPING COMMUNITY SUPPORT

COMMUNITY BASED SUPPORT SYSTEM

The purpose of the Community Based Support System is to provide school level assistance to staff as part of an overall effort to maintain the student in the academic mainstream. It is apparent that many interventions may be outside the realm of the school and may require a cooperative approach with other agencies. The school must be an integral part of a larger cooperative system.

In order to achieve this, each school might have a Special School Advisory Committee consisting of community persons with resources to support the student and family. This committee might include: teachers and other staff, the local clergy, public health personnel, probation officer or members of any of the community support agencies that are available. This group would meet as necessary to discuss student's needs and try to plan in-school intervention. This intervention could range from provisions of material things such as lunch money to consultation with an advisor or counsellor.

One of the primary objectives of this effort is maintenance of the student in the local school. Another objective is to provide help to the classroom teacher so that the teacher can feel an integral part of the support service and have the help, for the student who is at risk of school failure.

A community support system should always be in place, ready to be called upon as needed. Such a system is the responsibility of the school, since the teacher does not usually have the time or the authority to create a system, nor is it usually the prerogative of a teacher to intercede directly with an outside agency for a student.

The teacher should be alert to "potential" problems and try to anticipate the interventions that might help prevent the need for removal of the student from the classroom or school, if the problem becomes unmanageable. Community support should be enlisted when needed and for a wide diversity of students. As often as possible the service should come into the school to strengthen the service or the school's resources.

Because no single entity can serve the range of needs that might require attention, suggested solutions are:

- Investigate what health, mental health and resource units of various types, already exist in your area

- Develop a **Resource Directory** including each agency. (Remember it must be continually updated.) This should be done by a committee consisting of teachers, parents/guardian and schoolwide staff (e.g., counsellor, social worker and psychologist). If the school works closely with some agencies for services, those agencies should also be involved in the planning

- Designate one person or a small committee, in the school, to be responsible for the updating of the **Directory** and as the contact with the community agencies should a teacher need assistance.

Any agency that can provide an educational, therapeutic, health, recreational or social service to a student at risk should be contacted. Explain that you are interested in preparing a list of services that could be made available if required for a student in that school. An agency representative should complete the **Community Support Directory** form (p. III•4). These forms should then be copied and made available at the school in a loose leaf binder.

At the beginning of each school year, return the form to the agency with a covering letter asking for an update. If it appears that one agency or program is going to be needed to provide services on a regular basis, make a personal contact and visit to verify the information. Update the file as new resources are found. If there is a cost for the service, obtain information as to how this cost would be met if the parents/guardian are unable pay.

Once the contacts are made and the forms received, have a group meeting with the agencies to discuss the potential need for their services and obtain additional suggestions as to how the school could access their facilities.

Schools that have already used this approach and found it useful, might be willing to help others in the development of their Community Support Directory.

School Referral Procedure for the Teacher

1. Contact the person in the school who is the designated contact with community agencies.

   Discuss the community resource(s) that could be beneficial for the student and his/her family.

2. The designated contact person should contact the agency to obtain specific details regarding availability and appropriateness of the service in each particular case.

3. Decide who will contact the family to discuss the problems and the possibility of a community resource.

4. The family may have to sign a form allowing the school to release information to the agency about their child.

   This information should include:
   - **Teacher Analysis of Behavioral Symptoms** (TABS)
   - **Student Referral Form**
   - Other forms specific to the student's difficulty.

5. An arrangement should be made for the school to be able to get feedback from the community agencies regarding their findings and suggestions for possible interventions to take place in the classroom.

Community Support Directory

Name of Agency:_____ Telephone:_____

Administration _____
(provincial, jurisdiction, school, etc.:)

Address:_____

_____ Postal Code:_____

Administrator: Name_____ Title_____

Contact person for admissions:_____

Procedures for referrals: (enclose sample form if available)

Type of service offered: (enclose brochure if available)

- ☐ Counselling
- ☐ Social work
- ☐ Therapy:
  - ☐ Speech
  - ☐ Movement
  - ☐ Physical
  - ☐ Other _____
- ☐ Assessment
- ☐ Residential care
- ☐ Information and referral
- ☐ Other - specify
- ☐ Educational
- ☐ Recreation
- ☐ Music
- ☐ Recreational
- ☐ Occupational
- ☐ Respite care
- ☐ Media and materials

_____

_____

Costs involved: _____

Staff: _____

Type of client accepted:

Age range:_____

Handicapping condition(s): _____

_____

Special problems:_____

Cost/Types of payment accepted:_____

Days/Hours of operation:_____

Comments: _____

_____

Sources of Support

- **Education Response Centre**
  6240 113 Street
  Edmonton, Alberta T6H 3L2
  Telephone: 403/422-6326

- **Education Response Centre - Calgary**
  5139 14 Street, S.W.
  Calgary, Alberta T2T 3N5
  Telephone: 403/297-4606

- **Resources**

  Alberta Education Response Centre. (1991). *Schools and the Community: A Necessary Partnership: A Guide to Interagency Collaboration.*

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that may be available on each subject.

The BEHAVIORAL INDEX lists behaviors of concern to the teacher and the area(s) in TIPS which consider those behaviors. An isolated behavior may tell very little and may be due to any number of causes; behaviors should always be considered in context and all possible reasons for those behaviors should be explored.

BEHAVIORS	TIPS	SECTION V Page
Acting out behaviors	Child Sexual Abuse	A • 8
	Conduct Problems	E • 17
	Defiant Behaviors	E • 12
	Suicidal Tendencies	E • 32
Affectless	Severe Communication Problems	D • 24
	Child Abuse and Neglect	A • 2
Aggressive	Child Abuse and Neglect	A • 2
	Child Sexual Abuse	A • 8
	Conduct Problems	E • 17
Agitated	Suicidal Tendencies	E • 32
Alcohol use and dependency	Child Abuse and Neglect	A • 2
	Conduct Problems	E • 17
	Potential School Dropouts	E • 28
Allergies and Asthma	Allergies and Asthma	C • 2
Angry	Conduct Problems	E • 17
	Defiant Behaviors	E • 12
Annoying	Defiant Behaviors	E • 12
Antisocial behavior	Child Sexual Abuse	A • 8
	Conduct Problems	E • 17
	Defiant Behaviors	E • 12
Anxiety	Child Abuse and Neglect	A • 2
	Student Anxiety	E • 5
	Avoidant Behaviors	E • 9
	Suicidal Tendencies	E • 32
Apathy	Child Abuse and Neglect	A • 2
Argumentative	Defiant Behaviors	E • 12
Asthma	Allergies and Asthma	C • 2
Attention problems	Attention Deficit Disorders	D • 8
	Attention Deficit Disorder with Hyperactivity	D • 13
	Hearing Problems	C • 15
	Learning Disabilities	D • 2
	Nutrition	C • 12
	Seizure Disorders	C • 26
	Vision Problems	C • 21

BEHAVIORS	TIPS	SECTION V Page
Autism	Severe Communication Problems	D • 24
Avoidance	Avoidant Behaviors	E • 9
	Hearing Problems	C • 15
	Language Learning Problems	D • 19
	Suicidal Tendencies	E • 32
	Severe Communication Problems	D • 24
Avoids eye contact	Avoidant Behaviors	E • 9
	Hearing Problems	C • 15
	Severe Communication Problems	D • 24
Backaches	Student Anxiety	E • 5
Binge eating	Eating Disorders	C • 9
Blinking	Tic Disorders	C • 30
Bloodshot eyes	Allergies and Asthma	C • 2
	Vision Problems	C • 21
Blurred vision	Blood Sugar Problems	C • 6
	Vision Problems	C • 21
Breathing problems	Allergies and Asthma	C • 2
	Seizure Disorders	C • 26
Bruises/burns	Child Abuse and Neglect	A • 2
	Self-Attitude -- Depression	E • 22
Change in eating habits	Eating Disorders	C • 9
	Suicidal Tendencies	E • 32
	Self-Attitude -- Depression	E • 22
Cheating	Conduct Problems	B • 17
Clearing throat	Allergies and Asthma	C • 2
	Tic Disorders	C • 30
Clumsy	Learning Disabilities	D • 2
Cold skin	Blood Sugar Problems	C • 6
Communication problems	Child Abuse and Neglect	A • 2
	Language Learning Problems	D • 19
	Severe Communication Problems	D • 24
Concentration problems	Allergies and Asthma	C • 2
	Attention Deficit Disorder with Hyperactivity	D • 13
	Child Sexual Abuse	A • 8
	Attention Deficit Disorders	D • 8

BEHAVIORS	TIPS	SECTION V Page
Concrete language	Student Learning Styles	E • 2
	Language Learning Problems	D • 19
Confusion	Blood Sugar Problems	C • 6
	Seizure Disorders	C • 26
Constantly seeking praise	Student Anxiety	E • 5
Coughing	Seizure Disorders	C • 26
Cruelty	Conduct Problems	E • 17
Crying	Child Sexual Abuse	A • 8
	Language Learning Problems	D • 19
	Suicidal Tendencies	E • 32
Daydreaming	Attention Deficit Disorders	D • 8
	Hearing Problems	C • 15
	Seizure Disorders	C • 26
Decrease in energy	Allergies and Asthma	C • 2
	Nutrition	C • 12
Decreased appetite	Self-Attitude -- Depression	E • 22
	Suicidal Tendencies	E • 32
Delinquency	Conduct Problems	E • 17
	Potential School Dropouts	E • 28
Dental problems	Nutrition	C • 12
Dependent	Child Sexual Abuse	A • 8
Depression	Avoidant Behaviors	E • 9
	Child Sexual Abuse	A • 8
	Eating Disorders	C • 9
	Suicidal Tendencies	E • 32
	Self-Attitude -- Depression	E • 22
	Teacher Stressors	B • 8
Development	Nutrition	C • 12
	Educational Deficits	D • 27
Diarrhea	Eating Disorders	C • 9
Disinterest in schoolwork	Child Abuse and Neglect	A • 2
	Hearing Problems	C • 15
	Vision Problems	C • 21
Disobedient	Defiant Behaviors	E • 12
	Potential School Dropouts	E • 28

BEHAVIORS	TIPS	SECTION V Page
Disorganized	Learning Disabilities	D • 2
Disruptive	Attention Deficit Disorder with Hyperactivity	D • 13
	Conduct Problems	E • 17
	Defiant Behaviors	E • 12
	Severe Communication Problems	D • 24
Distractibility	Attention Deficit Disorder with Hyperactivity	D • 13
	Attention Deficit Disorders	D • 8
	Student Learning Styles	E • 2
	Potential School Dropouts	E • 28
Dizziness	Blood Sugar Problems	C • 6
	Seizure Disorders	C • 26
Drinking alcohol	Child Abuse and Neglect	A • 2
	Conduct Problems	E • 17
	Potential School Dropouts	E • 28
	Teacher Stressors	B • 8
Drowsy	Allergies and Asthma	C • 2
	Blood Sugar Problems	C • 6
Drug use	Child Abuse and Neglect	A • 2
	Conduct Problems	E • 17
	Potential School Dropouts	E • 28
Easily irritated	Blood Sugar Problems	C • 6
	Vision Problems	C • 21
Eating binges	Eating Disorders	C • 9
Embarrassed easily	Avoidant Behaviors	E • 9
Emotional immaturity	Child Sexual Abuse	A • 8
	Potential School Dropouts	E • 28
Excessive worrying	Student Anxiety	E • 5
	Child Abuse and Neglect	A • 2
Extreme reticence in social situation	Student Anxiety	E • 5
Eye infection	Allergies and Asthma	C • 2
	Vision Problems	C • 21
Fainting	Blood Sugar Problems	C • 6
	Seizure Disorders	C • 26
Falling	Seizure Disorders	C • 26

BEHAVIORS	TIPS	SECTION V Page
Fears	Child Abuse and Neglect	A • 2
	Student Anxiety	E • 5
	Child Sexual Abuse	A • 8
Fear of failure	Child Abuse and Neglect	A • 2
	Student Anxiety	E • 5
	Learning Disabilities	D • 2
Fear of social situation	Student Anxiety	E • 5
	Avoidant Behaviors	E • 9
Feeling of hopelessness	Child Sexual Abuse	A • 8
	Suicidal Tendencies	E • 32
	Self-Attitude - Depression	E • 22
Fine motor delays	Educational Deficits	D • 27
Flushed skin	Blood Sugar Problems	C • 6
Frequent colds	Hearing Problems	C • 15
	Nutrition	C • 12
Frequent urination	Blood Sugar Problems	C • 6
Frowning	Vision Problems	C • 21
Gagging	Seizure Disorders	C • 26
Grimacing	Tic Disorders	C • 30
Gross motor delays	Educational Deficits	D • 27
Guilt feelings	Student Anxiety	E • 5
	Self-Attitude - Depression	E • 22
Headache	Allergies and Asthma	C • 2
	Nutrition	C • 12
	Student Anxiety	E • 5
	Vision Problems	C • 21
Hoarding food	Eating Disorders	C • 9
Hopelessness	Self-Attitude -- Depression	E • 22
	Suicidal Tendencies	E • 32
Hostile	Blood Sugar Problems	C • 6
	Defiant Behaviors	E • 12
Hungry	Blood Sugar Problems	C • 6
	Child Abuse and Neglect	A • 2
Hyperactivity	Attention Deficit Disorder with Hyperactivity	D • 13
	Classroom Environment	B • 2

BEHAVIORS	TIPS	SECTION V Page
Ignores sounds	Hearing Problems	C • 15
	Language Learning Problems	D • 19
Illness	Nutrition	C • 12
	Potential School Dropouts	E • 28
	Suicidal Tendencies	E • 32
Impatient	Student Learning Styles	E • 2
Impulsive	Attention Deficit Disorder with Hyperactivity	D • 13
	Suicidal Tendencies	E • 32
Inability to sustain work behavior	Attention Deficit Disorder with Hyperactivity	D • 13
	Attention Deficit Disorders	D • 8
	Vision Problems	C • 21
Inappropriate answers	Hearing Problems	C • 15
Inappropriate movements	Seizure Disorders	C • 26
	Tic Disorders	C • 30
Inattentive	Allergies and Asthma	C • 2
	Student Anxiety	E • 5
	Classroom Environment	B • 2
	Hearing Problems	C • 15
	Language Learning Problems	D • 19
	Learning Disabilities	D • 2
	Student Learning Styles	E • 2
	Vision Problems	C • 21
Indecisive	Self-Attitude -- Depression	E • 22
Irritable	Blood Sugar Problems	C • 6
	Defiant Behaviors	E • 12
	Vision Problems	C • 21
Itchy	Allergies and Asthma	C • 2
Learning problems	Attention Deficit Disorders	D • 8
	Attention Deficit Disorder with Hyperactivity	D • 13
	Avoidant Behaviors	E • 9
	Hearing Problems	C • 15
	Learning Disabilities	D • 2
	Nutrition	C • 12
	Potential School Dropouts	E • 28
	Vision Problems	C • 21
	Educational Deficits	D • 27
Legal problems	Conduct Problems	E • 17
	Suicidal Tendencies	E • 32

BEHAVIORS	TIPS	SECTION V Page
Lethargic	Allergies and Asthma	C • 2
	Nutrition	C • 12
Lightheaded	Blood Sugar Problems	C • 6
Listless	Allergies and Asthma	C • 2
	Nutrition	C • 12
Loss of appetite	Eating Disorders	C • 9
	Self-Attitude -- Depression	E • 22
	Suicidal Tendencies	E • 32
Loss of bladder control	Seizure Disorders	C • 26
Loss of interest in activities	Eating Disorders	C • 9
	Suicidal Tendencies	E • 32
	Self-Attitude -- Depression	E • 22
Loud voice	Hearing Problems	C • 15
Malnutrition	Eating Disorders	C • 9
	Nutrition	C • 12
Memory problems	Learning Disabilities	D • 2
Mood swings	Defiant Behaviors	E • 12
	Suicidal Tendencies	E • 32
	Learning Disabilities	D • 2
Nausea	Blood Sugar Problems	C • 6
Nervous	Vision Problems	C • 21
Nystagmus	Seizure Disorders	C • 26
	Vision Problems	C • 21
Obscenities	Defiant Behaviors	E • 12
	Tic Disorders	C • 30
Obsessively neat	Child Abuse and Neglect	A • 2
Outbursts of aggression or rage	Conduct Problems	E • 17
	Defiant Behaviors	E • 12
Outgoing	Student Learning Styles	E • 2
Overactive	Attention Deficit Disorder with Hyperactivity	D • 13
Overly compliant	Child Sexual Abuse	A • 2
Pale	Allergies and Asthma	C • 2
Perseveration/topic or task	Attention Deficit Disorders	D • 8
	Learning Disabilities	D • 2

BEHAVIORS	TIPS	SECTION V Page
Persistent anger	Conduct Problems	E • 17
Physical complaints	Student Anxiety	E • 5
	Vision Problems	C • 21
	Hearing Problems	C • 15
Postnasal drip	Allergies and Asthma	C • 2
Prefers listening	Student Learning Styles	E • 2
	Vision Problems	C • 21
Provocative	Defiant Behaviors	E • 12
Reading problem	Potential School Dropouts	E • 28
	Hearing Problems	C • 15
	Learning Disabilities	D • 2
	Language Learning Problems	D • 19
	Vision Problems	C • 21
Random movements	Severe Communication Problems	D • 24
Rebellious	Defiant Behaviors	E • 12
	Potential School Dropouts	E • 28
	Suicidal Tendencies	E • 32
Red eyes	Allergies and Asthma	C • 2
	Vision Problems	C • 21
Regressive behavior	Child Sexual Abuse	A • 8
Relationship problems	Conduct Problems	E • 17
	Defiant Behaviors	E • 12
	Potential School Dropouts	E • 28
	Suicidal Tendencies	E • 32
Reversals - letters, sounds	Learning Disabilities	D • 2
Runaway	Child Abuse and Neglect	A • 2
Runny nose	Allergies and Asthma	C • 2
Sad or tearful	Child Abuse and Neglect	A • 2
	Child Sexual Abuse	A • 8
	Self-Attitude -- Depression	E • 22
	Suicidal Tendencies	E • 32
School failure	Potential School Dropouts	E • 28
	Learning Disabilities	D • 2
	Suicidal Tendencies	E • 32
Self-conscious	Avoidant Behaviors	E • 9
	Eating Disorders	C • 9
	Student Anxiety	E • 5

BEHAVIORS	TIPS	SECTION V Page
Self-destructive	Suicidal Tendencies	E • 32
Self-esteem is poor	Child Abuse and Neglect	A • 2
	Eating Disorders	C • 9
	Suicidal Tendencies	E • 32
Self-image	Avoidant Behaviors	E • 9
	Eating Disorders	C • 9
	Self-Attitude -- Depression	E • 22
Self-induced vomiting	Eating Disorders	C • 9
Sexually aggressive	Child Sexual Abuse	A • 8
	Conduct Problems	E • 17
Sexually seductive	Child Sexual Abuse	A • 8
Shaking hands	Blood Sugar Problems	C • 6
Shy	Avoidant Behaviors	E • 9
	Student Anxiety	E • 5
	Student Learning Styles	E • 2
Shoplifting	Child Sexual Abuse	A • 8
	Conduct Problems	E • 17
Short attention span	Attention Deficit Disorders	D • 8
	Attention Deficit Disorder with Hyperactivity	D • 13
	Hearing Problems	C • 15
	Language Learning Problems	D • 19
	Nutrition	C • 12
	Vision Problems	C • 21
Significant weight gain/loss	Eating Disorders	C • 9
Slapping self	Tic Disorders	C • 30
Sleep problems	Allergies and Asthma	C • 2
	Child Sexual Abuse	A • 8
	Student Anxiety	E • 5
	Teacher Stressors	B • 8
Sneezing	Allergies and Asthma	C • 2
Sniffing	Tic Disorders	C • 30

BEHAVIORS	TIPS	SECTION V Page
Social problems	Avoidant Behaviors	E • 9
	Child Sexual Abuse	A • 8
	Classroom Environment	B • 2
	Conduct Problems	E • 17
	Defiant Behaviors	E • 12
	Potential School Dropouts	E • 28
	Self-Attitude -- Depression	E • 22
	Suicidal Tendencies	E • 32
Soft voice	Hearing Problems	C • 15
Speech language problems	Severe Communication Problems	D • 24
	Potential School Dropouts	E • 28
	Hearing Problems	C • 15
	Language Learning Problems	D • 19
Spiteful	Defiant Behaviors	E • 12
Stares intently	Hearing Problems	C • 15
	Seizure Disorders	C • 26
Stealing	Child Sexual Abuse	A • 8
	Conduct Problems	E • 17
Stress	Eating Disorders	C • 9
	Student Anxiety	E • 5
	Teacher Stressors	B • 8
Suicide	Suicidal Tendencies	E • 32
	Self-Attitude -- Depression	E • 22
Suicide attempt	Suicidal Tendencies	E • 32
Sweating	Seizure Disorders	C • 26
Swollen eye	Allergies and Asthma	C • 2
	Child Abuse and Neglect	A • 2
	Vision Problems	C • 21
Tactually defensive	Child Sexual Abuse	A • 8
Teases	Defiant Behaviors	E • 12
Temper tantrums	Conduct Problems	E • 17
	Defiant Behaviors	E • 12
	Suicidal Tendencies	E • 32
Tension	Student Anxiety	E • 5
	Suicidal Tendencies	E • 32
Test anxiety	Student Anxiety	E • 5
Thirsty	Blood Sugar Problems	C • 6

BEHAVIORS	TIPS	SECTION V Page
Tics	Seizure Disorders	C • 26
	Tic Disorders	C • 30
Timid	Avoidant Behaviors	E • 9
Tired	Allergies and Asthma	C • 2
	Child Sexual Abuse	A • 8
	Nutrition	C • 12
	Self-Attitude -- Depression	E • 22
	Vision Problems	C • 21
Trembling hands	Blood Sugar Problems	C • 6
Truancy	Conduct Problems	E • 17
Twitching	Seizure Disorders	C • 26
	Tic Disorders	C • 30
Uncoordinated	Attention Deficit Disorders	D • 8
	Attention Deficit Disorder with Hyperactivity	D • 13
	Child Abuse and Neglect	A • 2
	Blood Sugar Problems	C • 6
	Vision Problems	C • 21
	Educational Deficits	D • 27
Unkempt appearance	Child Abuse and Neglect	A • 2
Unrealistic	Student Anxiety	E • 5
Violent behavior	Conduct Problems	E • 17
Vomiting	Blood Sugar Problems	C • 6
	Eating Disorders	C • 9
Wandering	Attention Deficit Disorder with Hyperactivity	D • 13
	Seizure Disorders	C • 26
Wandering eye	Seizure Disorders	C • 26
	Vision Problems	C • 21
Weak	Allergies and Asthma	C • 2
	Nutrition	C • 12
Weight loss	Blood Sugar Problems	C • 6
	Eating Disorders	C • 9
	Nutrition	C • 12
Wheezing (labored breathing)	Allergies and Asthma	C • 2
	Blood Sugar Problems	C • 6
	Seizure Disorders	C • 26
Withdrawn	Child Sexual Abuse	A • 2
	Avoidant Behaviors	E • 9
	Suicidal Tendencies	E • 32

BEHAVIORS	TIPS	SECTION V Page
Worried	Avoidant Behaviors	E • 9
	Student Anxiety	E • 5
	Suicidal Tendencies	E • 32

SECTION INDEX - AREAS ADDRESSED IN TIPS

A. FAMILY AND WELFARE ISSUES

This section addresses two areas of student welfare that can significantly affect school achievement and behavior, require immediate attention and are often overlooked. They are Child Abuse and Neglect and Child Sexual Abuse.

Other welfare issues cannot be ignored. When there is family upheaval for any reason (e.g., poverty, illness, frequent moves, etc.), the student may be upset and not do well in school. On the other hand, if, even with problems, there is love and positive attention in the home, students can do very well in school.

In considering the indicators and TIPS for the following areas legal considerations and school board policy must be acknowledged.

		Page
1.	Child Abuse and Neglect	A • 2
2.	Child Sexual Abuse	A • 8

1. CHILD ABUSE AND NEGLECT

What is child abuse and neglect?

Child abuse and neglect includes physical abuse, emotional abuse, sexual abuse, physical neglect, emotional neglect or other maltreatment of a child that endangers his or her development, security or survival. It may include: ignoring the child, rejecting or isolating the child so he/she is deprived of emotional stimulation or the necessities of life (i.e., food, clothing and shelter), terrorization by bullying, frightening or verbal assault, corrupting (stimulating him/her to engage in destructive antisocial or other deviant behavior), and intentional use of force on any part of a child's body that results in serious injuries.

Indicators

- Self reports of mental or physical abuse or neglect.
- Signs of injury are evident
  - — Frequent or unexplained bruises or fractures
  - — Frequent or unexplained burns
  - — Patterned bruises or burns
  - — Symptoms of head injury (i.e., inability to focus, headaches).
- Signs of neglect are evident
  - — Listlessness
  - — Unkempt appearance
  - — Tired
  - — Inability to concentrate.
- Problems with social responsiveness
  - — Fear of or withdrawal from adults
  - — Stoical response to pain without seeking help or comfort from adults
  - — Poor peer relationships
  - — Aggression toward others
  - — Deliberate attempts to provoke anger of others.
- Communication problems
  - — Diminished affect, little interest or enthusiasm
  - — Verbal or behavioral inhibition
  - — Tends to rely more on physical than verbal expression.
- Problems with self-image
  - — Excessive fear of failure
  - — Low self-esteem.
- Difficulty with or disinterest in school work.
- Obsessive neatness or ritualized behavior.
- Early interest in drugs or alcohol.
- Attempts to run away or escape from family or other caregivers.

Criteria for Action

If the teacher suspects for any reason that the student is being neglected or abused, observe the student to determine whether he/she has several of the behaviors listed under Indicators. "Self-reports" and "signs of injury" might be particularly useful indicators, but some abusers are careful not to leave marks in obvious places. Remember that a display of one, or even a few, of the items does not mean the student is being neglected or abused. Section 3 of the Child Welfare Act outlines the legal obligation and responsibility of any person, who has reasonable grounds to believe a child is in need of protective services, to report to a director or a person delegated the authority to receive such reports (e.g., principal). [1]

Possible Reasons

Child abuse is a complex problem. The reasons are too numerous to describe in this case. For this reason, school districts should develop effective in-service programs and training sessions, taking advantage of available community and provincial resources. School personnel are encouraged to enhance their knowledge and awareness by initiating contact with welfare workers and local police officers, who may be able to conduct in-service training opportunities on the topic of child abuse and neglect.

Incidents of child abuse may occur singly, or be part of a series or pattern, which occurs over a number of years. Long-term abuse may result in the abused child developing low self-esteem, personality and behavior disorders that may extend into adulthood and in turn may make the individual likely to abuse others.

T I P S

Teachers cannot, and should not, handle cases of child abuse alone. If they suspect a student in their classroom is being abused, they should become familiar with *Protocol and Guidelines for Child Welfare Workers and School Personnel*. They also need to become familiar with their local school board policy. An excellent resource for classroom use is the *Child Abuse Prevention: Teacher Resource Manual* (Alberta Education, 1988) prepared for the Elementary Health Program. It requires school board authorization for classroom use.

[1] Alberta Social Services and Alberta Education. (n.d.). *Protocol and Guidelines for Child Welfare Workers and School Personnel*.

If a classroom teacher suspects abuse, he/she should document it noting dates, times, types of behaviors, and be prepared to follow the school reporting procedures. The teacher should report, not investigate. Any disclosure should be taken very seriously because statistics show that children rarely lie about abuse.

Efforts at all levels are required to achieve a reduction of both physical and emotional cruelty toward children. The indicators above may alert the teacher to the possibility of emotional or physical abuse. This area should be approached with much caution; a student may be unkempt, appear hungry and have bruises, but not be abused or neglected. If the student appears to have more pervasive problems, however, it is worth considering behaviors usually evident in instances of abuse and neglect.

Prevention

As with many problems that occur in the classroom "an ounce of prevention is worth a pound of cure." In addition to reviewing the information that follows, teachers should follow their School Board policy.

- Take steps to see that abuse and neglect does not occur at all.
  - — Educate adults and young persons about the distinction between physical abuse and discipline, and provide alternatives to physical methods of discipline.
  - — An open, trusting and non-judgemental environment will help students speak more freely. Participation may be facilitated through such means as puppets, anonymous question boxes, and partner or small group conversations.
  - — If students show discomfort or embarrassment the teacher should acknowledge that the discussion may cause discomfort, but that it is OK.
- Teach pupils to recognize and say "no" to abuse.
- Teach recognition and avoidance of situations that lead to stress and anger.
- Develop mechanisms to deal with such stress and anger.
- Offer information that prepares the family for the frustrations of child rearing.
- The school may be aware of sources of respite care for children when parents/caregivers feel overwhelmed with their responsibilities.
- Provide information on sources of educational materials and consultation (see Sources of Support below).
- School administration must carefully screen prospective employees who will be having any type of contact with students.

Early Intervention

Early detection and intervention to prevent repetition or escalation of abuse is important. The checklist in the *Teacher Alert System* and the Indicators on page V•A•2 in TIPS can help teachers and other school staff in this effort.

When the teacher suspects possible abuse or neglect, if appropriate, the matter might be discussed with the principal.

It is advisable for each school jurisdiction to have a crisis management plan in place for dealing with various stressful situations such as sudden death, diagnosis of terminal illness and instances of abuse.

- If the child discloses the situation, teachers should:
  - — Believe the child
  - — React appropriately and sensitively. Do not act shocked and alarmed
  - — Listen carefully
  - — Respect the difficulty the child may have in talking about the problem
  - — Be patient and do not anticipate what the child is going to say
  - — Keep questions short using words the child can understand
  - — Give immediate reassurance and support
  - — Indicate belief in what has been reported and that you have confidence the student reporting is not to blame
  - — Indicate you are pleased that the child has told you.
- Contact school administration (i.e., principal), who may in turn contact child welfare authorities.

It would be useful for the teacher to make a record of student behaviors using the **Child Abuse and Neglect Indicators** checklist in the *Teacher Alert System* and have it available when they discuss the situation with administration.

After disclosure of abuse, the teacher can help the student by helping him/her develop positive self-esteem and trusting relationships with others. The teacher needs to provide a structured, consistent and supportive environment to increase the student's sense of security and belonging.

Sources of Support

- **School Personnel**
  - — **Administrators.** Notify first when a problem is identified and further assistance is needed. Ascertain the relevant policy and procedures in your jurisdiction for reporting suspected child abuse and neglect. Review the student records to see if there is any indication or documentation of abuse in the past. Following advice of administration, decisions may be made as to how the teacher should proceed. Any of the following may be useful:

    - — **Social worker or counsellor**. Provide school personnel with:
      - — workshops and references for further assistance
      - — counselling
      - — arranging help; a child care worker or homemaker.

- **Physician(s).** May be necessary to rule out any physical illness that might result in similar physical signs to those noted and to care for any medical problems that exist.

- **Family members.** May be asked to provide information and support to the school.

- **Director, Alberta Family and Social Services.**

  Alberta Family and Social Services has the legal responsibility to investigate all reported cases of suspected child abuse and take appropriate action. Under the authority of the Child Welfare Act, Department staff act on behalf of all the people in the province to offer protection services to children. Any suspicion of child abuse must be reported to the nearest district office of Alberta Family and Social Services or the Child Abuse Hot Line. If physical or sexual assaults are suspected, reports may be made to the police.

- **To report suspected child abuse:**
  Child Abuse Hotline
  Phone Operator and ask for ZENITH-1234
  or
  Telephone Directory - Under Government of Alberta
  Alberta Family and Social Services District Office

- **For information about services:**
  Alberta Directory of Family Violence Initiatives
  Telephone: 403/422-5916

- **Resources**

  Alberta Education. (1988). *Child Abuse Prevention: Teacher Resource Manu...*

  Alberta Social Services and Alberta Education. (n.d.). *Protocol and Guidelines for Child Welfare Workers and School Personnel.*

  Copies may be obtained from:
  Legislative Services, Alberta Education
  11160 Jasper Avenue
  Edmonton, Alberta T5K 0L2
  Telephone: 403/427-2041

Sources of Support contd.

Authorized resources are available for elementary students through the Learning Resources Distributing Centre. For futher information, contact the Alberta Education Response Centre or the Elementary Unit, Curriculum Branch, Alberta Education.

Check with your school librarian for other books, videos, pamphlets and/or periodicals that may be available on child abuse and neglect.

- **For educational material on child abuse:**
  Office for the Prevention of Family Violence
  11th Floor,
  Seventh Street Plaza
  10030-107 Street
  Edmonton, Alberta T5J 3E4
  Telephone: 403/422-5916

- Lethbridge— Society for the Prevention of Child Abuse

- Calgary — Alberta Children's Hospital, Child Abuse Program

2. CHILD SEXUAL ABUSE

What is Child Sexual Abuse?

Sexual abuse includes any sexual touching, sexual intercourse or sexual exploitation of a child by a caretaker who could be a parent, guardian, another relative or any person in whose care the child has been left.

Indicators

- Student reports sexual abuse.
- Females show unusual fear of males.
- Sexual aggression with others; use of sexually explicit language.
- Acting overly mature and wise about sexual matters.
- Females are unusually seductive with males; may express pregnancy wishes, interest in early marriage, attraction to older men.
- Engaging in inappropriate sexual play, or re-enactment of abuse with peers, toys or themselves.
- Regressive behavior, behaves more "babyish"; may suck thumb, wet or soil clothing.
- Overly compliant or dependent behavior.
- Pattern of acting out, aggressive behavior. (May be verbal or physical.)
- Anti-social behaviors such as stealing, shoplifting, substance abuse, running away.
- Social problems, has few friends.
- Not trusting, even with significant adults.
- Decrease in ability to concentrate and perform in school.
- Withdrawal or depression, unexplained crying.
- Sleep disturbance, appears tired or lethargic.
- Resistance to touch, physical examination.

Criteria for Action

The first six behaviors listed under Indicators are probably most specific to sexual abuse; however, any combination of factors is possible. Action beyond the classroom should always be discussed with school administration.

In addition to the behavioral indicators listed on the preceding page there are physical indicators the teacher might notice. These may include: difficulty in walking or sitting, pain or itching in the genital area, frequent visits to the washroom, sudden onset of enuresis or encopresis, or frequent, unexplained sore throats. [1]

Possible Reasons

Child sexual abuse is a complex process involving factors in the cultural setting, individual sexual development, and family and interpersonal dynamics.

In 1984, the Report of the Badgley Committee, which studied sexual offences against children in Canada, noted that the majority of offenders are related or known to their victims. Molestation most often occurs in the home of the victim or offender. The family who have been sexually abused themselves as children are more likely to be abusers if they have not received help.

T I P S

Abuse of children is very rarely a single occurance. It is usually a pattern of interaction which cumulatively is harmful to the child.

Child sexual abuse may be the reason for some unusual behaviors a student may show in class. Child sexual abuse is an area of great sensitivity and also a very real problem. Students may not understand what it is about. They may be fearful or confused by what is reported on television or by warnings they hear. Abused students may show extremes of behavior such as being overly compliant (i.e., allowing others to have control over what happens to them) or displaying severe acting-out behaviors, or both. In some cases there are physical signs of abuse.

---

[1] Alberta Social Services and Alberta Education. (n.d.). *Protocol and Guidelines for Child Welfare Workers and School Personnel*.

There is concern that innocent persons not be charged and equal concern that children be protected from abuse. Adults need to show caution and not jump to conclusions. For example, some young children may show signs of regression when a new sibling arrives on the scene or signs of fatigue because of illness or allergies.

Teachers should keep track of signs that might indicate sexual abuse to be able to substantiate suspicions to professionals who become involved in the situation. If the child makes a statement it should be recorded in the child's own words. The teacher, while offering support, should refrain from initiating further interviews with the child after the first disclosure.

School jurisdictions should have policies or procedures to be followed in cases of suspected abuse or neglect. Consult with school administration to be sure you are following school policy concerning handling and reporting of cases of child sexual abuse.

Prevention

- A common strategy to prevent child sexual abuse is provision of classroom-based instruction for children of all ages on how to protect themselves from sexual assault and what to do if they experience actual or potential abuse. There is concern that programs raise unnecessary anxiety among children regarding the safety of their own homes. Any program must be tailored to the child's cognitive and learning abilities, presenting material in a stimulating and varied manner and providing students opportunities to rehearse prevention strategies through simulations.
- Programs have shifted away from stressing abstract concepts such as "good touch" versus "bad touch" and are now emphasizing building specific skills in such areas as assertive behavior, decision making and communication.
- Teachers should discuss with school administration the best way to educate their students. School policy must always be considered.
- A child abuse resource manual and accompanying authorized resources on child abuse prevention are available for teachers in Alberta from the Learning Resources Distributing Centre.
- Some of the points made in educational materials on child sexual abuse include:
  - — Give students correct terminology
  - — Help them identify different types of touching. Also, indicate that bad touches could come from someone they know
  - — Teach them that their bodies are their own private property and how and when to say "no"
  - — Show them how someone might try to manipulate them into an abusive situation

— Encourage open communication and trust with responsible adults

— Discourage secrets

— Use games and stories to reinforce prevention concepts

— Teach children about the positive aspects of sexuality.

Early Intervention

Early detection and intervention to prevent repetition or escalation of the abuse is important.

The **Child Sexual Abuse** checklist in the *Teacher Alert System* and the Indicators above can help teachers and other school staff in this effort.

When the teacher suspects possible abuse or neglect, if appropriate, the matter might be discussed with the principal.

It is advisable for each school jurisdiction to have a crisis management plan in place for dealing with various stressful situations such as sudden death, diagnosis of terminal illness and instances of abuse.

- If the child discloses the situation, teachers should:
  - — Believe the child
  - — React appropriately and sensitively. Do not act shocked and alarmed
  - — Listen carefully
  - — Respect the difficulty the child may have in talking about the problem
  - — Be patient and do not anticipate what the child is going to say
  - — Keep questions short using words the child can understand
  - — Give immediate reassurance and support
  - — Indicate belief in what has been reported and that you have confidence the student reporting is not to blame
  - — Indicate you are pleased that the child has told you.
- Contact school administration (i.e., principal), who may in turn contact child welfare authorities.

It would be useful for the teacher to make a record of student behaviors using the **Child Sexual Abuse Indicators** checklist in the *Teacher Alert System* and have it available when they discuss the situation with administration.

After disclosure of abuse, the teacher can help the student by helping him/her develop positive self-esteem and trusting relationships with others. The teacher needs to provide a structured, consistent and supportive environment to increase the student's sense of security and belonging.

Sources of Support

- **School personnel**
  - — **Administrators.** Notify first when a problem is identified and further assistance is needed. Ascertain the relevant policy and procedures in your jurisdiction for reporting child sexual abuse. Review student records to see if there is any indication or documentation of abuse in the past. Following advice of administration, decisions may be made as to how the teacher should proceed. Any of the following may be useful:
    - — **School counsellor, social worker or psychologist.**

- **Family members.** Unless reported abuse was attributed to a family member.

- **Physician(s).** May be necessary to rule out any physical illness that might result in similar physical signs to those noted.

- **Religious counsellor.**

- **Alberta Family and Social Services:**
  Administers the Child Welfare Act, which includes receiving and investigating reports of suspected cases of children in need of protective services and working with families to help them overcome their child rearing difficulties.

- **References.**
  Alberta Child Welfare Act. (July 1, 1985).

  Alberta Social Services and Alberta Education. {n.d.}. *Protocol and Guidelines for Child Welfare Workers and School Personnel.*

  Copies may be obtained from:
  Legislative Services, Alberta Education
  11160 Jasper Avenue
  Edmonton, Alberta T5K 0L2
  Telephone: 403/427-2041

  Canada Parliament. (1984). *Report of the {Badgley} Committee on Sexual Offences Against Children and Youths.*

  Report of the Special Advisor to the Minister of National Health and Welfare on Child Sexual Abuse in Canada.(1990). *Reaching for Solutions.*

Sources of Support

- **Resources**

  Authorized resources are available for elementary students through the Learning Resources Distributing Centre. For futher information, contact the Alberta Education Response Centre or the Elementary Unit, Curriculum Branch, Alberta Education.

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that may be available on child sexual abuse.

  Department of Justice Canada. (1989). *The Secret of the Silver Horse: What to do if a child tells you of sexual abuse: Understanding the law.*

  Copies available from:
  Communications and Public Affairs
  Department of Justice Canada
  Ottawa, Ontario K1A 0H8
  Telephone: (613)/957-4222.

- **Office for the Prevention of Family Violence**
  11th Floor,
  Seventh Street Plaza
  10030-107 Street
  Edmonton, Alberta T5J 3E4
  Telephone: 403/422-5916

- See also CHILD ABUSE AND NEGLECT

B. SCHOOL AND CLASSROOM ENVIRONMENT

This section has three areas that review environmental and personal issues that may affect a student's learning and behavior.

If a student is physically uncomfortable or does not feel secure in the classroom and school environment, or if the teacher is not feeling at his or her best, the probability of problem behavior increases.

		Page
1.	Classroom Environment	B • 2
2.	Teacher Stressors	B • 8
3.	School Security	B • 12

1. CLASSROOM ENVIRONMENT

Indicators

- Poor lighting or sightlines.
- Poor ventilation and temperature control.
- Wall surfaces rough or not clean.
- Inappropriate display areas.
- Poor acoustics.
- Appearance of classroom not attractive or appropriate for students' age or season of year.
- Furniture uncomfortable or not correct size for student
  - — Arrangement not flexible or maximizing space.
- Inappropriate work areas for various activities
  - — Lack of storage space
  - — Lack of quiet areas with few distractions.
- Insufficient supplies and equipment
  - — Lack of technological aides for special needs students .
- Classroom rules/student and staff schedules not posted.
- Student work not displayed.
- Safety hazards—loose wires, sharp corners.
- Inaccessible toilet facilities.
- Lack of comfortable work/storage area for teacher.
- No evidence of family involvement.

Criteria for Action

The teacher is the best person to judge whether any of the listed Indicators are interfering with his/her teaching or whether some improvement would make a significant difference. Problems such as poor acoustics or lighting should be discussed with school administration. Other matters can be improved by implementation of the TIPS on the following page.

Possible Reasons

Problems with the classroom environment may be due to a variety of causes. The school may be old or originally built for another purpose. Budgetary restrictions can contribute to lack of supplies and equipment and overcrowding may be an issue.

T I P S

The total classroom environment should be conducive to student learning. Students who are self-motivated and not easily distracted can tolerate the noise, confusion and general lack of structure common in many busy classrooms. If students have any problems or special learning preferences, more attention may need to be paid to the environment.

There are some circumstances in buildings and classrooms which the staff can do little about. However, they can impart their own personality and creativity even in the dullest church basement or temporary building. Areas to consider are:

Lighting/sightlines

- Classroom lighting should be sufficient for students to easily read printed material.
- Maximum use should be made of natural light.
- Students' desks and tables should be arranged so that they can see the chalkboard or other visual materials without difficulty.
- Light should not shine directly into students' eyes.
- Window shades of some type are a necessity.
- Curtains of a thin or colorful material can add both a cozy feeling and assist in making best use of available light. Curtains may be a good Parent Committee project.
- If there are students in the class with any type of visual disorder, lighting becomes a particular concern. Depending on the problem, more or less light may be considered. In some conditions bright light is an asset, with others, dimmer light is more desirable.This should be discussed with the person most knowledgeable about the students' physical problem, such as the the family or school medical personnel.
- Whether or not the student has a visual problem, non-glare surfaces are helpful.
- Teachers should also know that students may respond better to some colors than others and occasionally students may have problems with fluorescent light.

Ventilation and temperature control

- It is important that there be fresh air in the room. Opening windows from the top usually serves this purpose in the winter. Be sure that some type of window guard is available if windows are opened from the bottom and there are no bars or screens on the windows. The room should not be too hot or too cold.

Wall surfaces/display areas

- All walls should be inspected for peeling paint and falling plaster or insulation, particularly in old buildings.
- Determine if the provision of amenities (e.g., wall decorations, posters, colored tables, etc.) increases or decreases student attention by experimenting with more or less decoration.
- Often wall finishes are unattractive, distracting or contribute to poor sound control. Several suggestions for improvement projects which can be carried out by classroom staff as well as the family and students include:
  - — Covering surfaces with wall paper or contact paper. Contact paper is particularly good for surfaces that need to be cleaned often. Other materials can serve a similar purpose for areas that will not be used often. These include construction paper, corrugated board, egg crates or student work on either paper or fabrics.
  - — Developing a variety of bulletin boards which are changed often to display current items of interest. Bulletin boards may either have an interesting surface, such as squares of cork or corks from bottles fit into the frame, or be covered with attractive materials. Usually construction paper is used for this purpose because it is inexpensive, colorful and easily worked with. Burlap, felt or other sturdy materials make excellent covering for bulletin boards and are less likely to fade or tear than paper.

- Occasionally a classroom may not have a built in bulletin board. In this case the teacher's ingenuity can be brought to bear to create bulletin boards from corrugate boards, wrapping or construction paper, or other materials.

Acoustics

- Good acoustics are always important, especially when students with hearing impairments are in the classroom.
  - — Glass and hard surfaces contribute to poor acoustics.

— The more rugs, cork boards, cushions and/or fabric that are in the room the easier it will be for students to hear.

— Acoustic tiling in the ceiling is very helpful.

— Even if the entire room does not have ideal acoustics it is helpful to at least have some quiet areas for students.

— Corrugated board or flat egg containers can be used to cover walls and other surfaces in sections of the room where it would be helpful to cut down the noise level. Softer surfaces are more likely to absorb sound.

Classroom appearance

- The classroom should reflect the age of the students and show attention to seasons of the year, holidays, current events.
- Students and staff should keep their room neat and clean. Clearing the table, putting away materials, sweeping the floor and washing-up from paint and clay are learning experiences and should be a vital part of every activity. It should be known to everyone that everything has its place.
- Doing things in order helps organize and structure the day for the student. If at the end of the day the staff looks around at torn papers, toys scattered, paint and crumbs all over the room, it may indicate a problem with good classroom management.
- If materials have necessary pieces missing or broken they should be fixed.

Furniture and classroom arrangement

- Furniture should be comfortable and the correct size for the student. It should encourage good posture. When possible, furniture should be moveable so that space can be used flexibly in the room. There is no one best way to arrange a room. Each teacher may feel comfortable with furniture or storage facilities fixed to suit his or her own taste.

Work areas/storage space

- Staff need to plan storage areas and let the students know where things go.
- Every classroom should have a space where a student can hang clothes and store personal belongings. This can range from a locker to a large box. Every student must have this as his own space, out-of-bounds to others.
- Each student should have a spare set of clothing in case of an accident. The teacher should also keep spare shirts and pants in the room in case of an emergency.

- Student belongings and other items which might be mislaid or confused with other students should be labelled.
- Teachers may find it helpful to use color-coding to help younger students keep track of their belongings or places in the room. For example, every child will have his/her same color on his/her box, locker, desk and chair. If his/her sweater or hat looks like someone else's, the teacher can tie a colored string on it. A color-coding system is fun for youngsters.

Equipment

- Students do not really need expensive doll furniture or simulated kitchen play equipment. Cardboard boxes and cartons and large blocks serve many purposes. Inexpensive plastic housewares such as tubs and buckets, also have many uses. However, for learning skills it is important that they have updated and safe equipment.
- It is ideal if students have technology available so they will adapt early to use of computers and other electronic equipment.

Posting of rules and schedules

- Rules should be determined beforehand or in conjunction with the class and be prominently posted so they are visible and easy to remember. The same goes for schedules, as it is important to know where students and staff are expected to be at all times.

Work displays

- It is important that students learn to be proud of their work and that they see it displayed. Displays should be changed often.

Safety

- Students should be familiar with the safety rules of the school and classroom. They should be aware of and know how to report anything that is potentially dangerous.

Toilet facilities

- Students should know rules for using the toilet facilities and how to behave in them.
- If facilities are inaccessible for younger students, teachers may have to make special arrangements such as taking the entire class at certain times of the day.
- For purposes of grooming, each student can bring their own basin and toilet articles to school to be kept in class for hand and face washing and teeth brushing. This will save time if use of the toilet rooms is inconvenient and also allows for some flexibility.

Work and storage areas for teacher

- Teachers need comfortable workspace and a place to place confidential materials.

Parents/guardian involvement

- There are many ways parents/guardians can be involved in school activities. At the classroom level they can serve as aides or assist in providing materials such as food for parties and decorations. Their contributions should be recognized and encouraged.

Sources of Support

- **School administration.** Discuss the possibility of improvements with appropriate central administration.
- **Family**. As noted above there are many ways the family can help to physically improve the classroom and the classroom atmosphere.
- **Professional groups**. Provide assistance in some areas such as making supplies and equipment available.
- **Community members or other volunteers.** May be available to help with various projects in the classroom.

2. TEACHER STRESSORS

Indicators

- Feeling uneasy, anxious or depressed.
- Overly concerned about minor issues.
- Confusion about details.
- Requiring more time or energy than necessary or previously required to complete a task.
- Difficulty making decisions.
- Use of drugs, alcohol or tobacco to relax.
- Inappropriate impatience, anger with students, colleagues and friends.
- Problems with eating or sleeping.

Criteria for Action

The teacher should consider the behaviors listed under Indicators and consider whether any may apply to him/herself. If so, the teacher should implement the TIPS suggestions and see if they can make a difference. If not, they should seek counselling as advised under **Sources of Support.**

Possible Reasons

The better a teacher feels, the more likely he/she will have the stamina and patience required to provide the constant and extended attention and alertness needed for the long school day. Sometimes teachers are so busy and working so hard, they forget to look at themselves to see if their physical status and daily problems might be altering their behavior and thus possibly affecting their students. It is important that teachers consider what in their personal life or professional activities might be contributing to their stress. For example:

- Health problems (anything that causes fatigue, pain or distraction)
- Personal problems. Someone in the family in poor health, buying or selling a home, financial problems, difficulty with a babysitter or other child care
- Relationship problems with a parent, spouse, child or friend
- Being too busy! Taking care of a home, taking courses, involvement in community affairs

- A long time since the last vacation
- Indecision about changing jobs, moving, hiring a housekeeper
- Attitudes of the community toward the school or program
- Problems at school; difficulty with administration or other staff
- Poor working conditions; heavy curricular and extra-curricular workloads
- Lack of planning time
- Problems with parents
- Lack of training to deal with specific problems occurring in the classroom
- Class size too large; not enough help in classroom
- Too many children with special needs or vastly different ability levels
- Tiring commute to work.

T I P S

There are ways to manage stress, the first of which is to recognize that you are feeling tense and pressured. Review the list above, and identify those factors which may apply to you as well as any other factors that might be causing you stress. Write down up to four items and prioritize — starting with the stressor which is currently most dominant. Examine each stressor objectively and list up to four ways in which you could deal with it effectively. Try to understand why each item is so stressful.

Factors Causing Stress	How to Deal with Problem
1.	a. b. c. d.
2.	a. b. c. d.
3.	a. b. c. d.
4.	a. b. c. d.

Some ways to manage stress

- Look at your stresses in perspective.
- Consider how you could prevent the stress from occurring again.
- Remember that not every argument is worth winning.
  - — Save your energy for what is really important.
  - — Learn conflict resolution skills.
- If the situation is one that cannot be changed, for instance the illness of someone close to you, see what external resources you can find to get help (e.g., getting household assistance).
- Find something to relax you for at least a short time every day:
  - — Something physical — a brisk walk
  - — Deep breathing or progressive relaxation exercises
  - — Laugh, read a funny story, see a funny film or videotape
  - — Take a warm bath
  - — Do a crossword puzzle
  - — Listen to soothing music
  - — Call a friend or make a date to do something enjoyable.
- Prioritize your tasks, make up a schedule.
- Stay away from caffeine and sugar.
- Learn to say "no." Cut down on activities that are not necessary unless they are very enjoyable.
- Arrange for some private time for yourself.
- If necessary seek the help of a supportive friend or professional person.
- If you are a teacher concerned about the progress of students, find assessment tools with smaller increments so that you can appreciate smaller steps as progress.

Sources of Support

- **School administration.** Plan group sessions for progressive relaxation, discuss working together to prevent "burnout," rearrange your schedule to get you over difficult periods. Recommend that stress management programs be included in professional development plans for school staff.
- **Family.** Discuss your problems with your family and see if there is any way things can be adjusted to relieve your stressors.
- **Physician(s).** May be necessary to rule out any physical illness.
- **Professional groups**. Networking with colleagues.
- **Alberta Teachers Association.** Has programs and resources that are good references.

3. SCHOOL SECURITY

Indicators

Does this school have —

- A written policy for dealing with violence in the school?
- School-wide rules and regulations posted in a prominent place?
- Rules clearly stated and consistent for all areas of the school?
- Procedures to teach rules and regulations to all students?
- Procedures for assuring that intruders cannot enter the school?
- A manner of dealing with loiterers or potential troublemakers who stay in the area around the school?
- A system to let students know what to do if they are threatened by outsiders or other students?
- Procedures to deal with students who create problems outside the classroom?
- Appropriate hallway, playground and cafeteria supervision?
- Adequate lighting in corridors, parking lot and restrooms?
- A procedure for reporting and monitoring incidents that occur in the school?
- Assurance of confidentially when students request information or support?
- An alarm system to immediately notify police/fire personnel if necessary?
- Alarm systems monitored to ensure they are in working order?
- Staff trained in crime-prevention behavior?
- A way for teachers to access immediate help should a classroom crisis occur?
- In-school support teams?
- Ways to deal with violent behavior, in and out of the classroom, immediately and effectively?
- Deterrents to vandalism such as fences, good lighting, proper storage?
- Community involvement in security precautions?
- Plans and practices for emergencies such as fires?
- Screening of employees for convictions and pending charges?

Criteria for Action

Any of the Indicators above can indicate a problem with school security. When they are seen, there is cause for action beyond the classroom, which should be discussed with school administration.

Possible Reasons

In some locations school security may be threatened because of problems in the neighborhood (i.e., if the school is located in a high crime area it increases the risk of problems). Other school security problems may relate to lack of sanitary facilities, structural problems, problems with wiring, lack of smoke alarms or sprinkling systems, and poor lighting. Other problems may have to do with students who interfere with the health and safety of other students and/or school personnel.

T I P S

Review the indicators on the previous page. All of the indicators should be in place based on overall school jurisdiction policy or individual school policy. However, having a policy does not mean it is practiced or enforced, so frequent reviews are suggested.

Familiarity with the building

An immediate activity for every class is to learn their way around the school building. It can be very traumatic for a student to find himself in a strange place - particularly if he is young or disabled and cannot express himself verbally.

Familiarity with staff

Students should be introduced to all of the adults in the school environment with whom they may be in contact. One way to do this is to take the class visiting. They can see where the principal, nurse, custodian and speech pathologist work. They should meet the school secretary and other teachers at recess, lunch and other activities.

Students are bound to feel more comfortable when adults are friends rather than strangers. They will also have a better idea of what to do in the case of an emergency.

Protect boundaries

Where there are possibilities of unauthorized persons coming into the school it may be necessary to have only one point of entry with an aide or volunteer to screen individuals who enter the school.

Simulate precautions

Students can role-play what to do if they see a stranger in the halls or are accosted by a stranger outside of the school.

Anticipate student problems

If some students seem anxious or under stress, they can be approached gently by school staff who can assure them confidentiality and counsell them regarding their problems. The same applies to students who appear to be under the influence of drugs or alcohol. It may take time to develop this trust, but it will pay off in the long run.

Crisis teams

If the school does not have a "crisis resource" team one should be initiated. This can be as simple as one or two individuals who receive special training in intervention when a problem comes up with which the teacher cannot deal. They can also be used when the teacher anticipates a problem but does not have the resources to deal with it at the time. The assigned team may be current staff, such as the counsellor or psychologist who are not classroom based, persons specifically hired for the crisis team or teacher aides who are flexible enough to leave their class for an urgent call or for some other important reason.

Sources of Support

- **School administration.** Discuss the possibility of improvements with appropriate central administration.
- **In school support team**. As discussed in this resource, they are a good group to review total school security measures.
- **Family.** At parent-teacher or other meetings discuss security situations and see if there is any way the family can be involved in preventing difficulties in the school. Also, arrange for their assistance should a problem develop in the classroom.
- **Community members or other volunteers.** May be willing to help with various projects in the school. Any assistance in the school or classroom level will promote overall school security.

C. PHYSICAL/SENSORY DISORDERS

This section has eight areas that address physical and sensory problems that could be interfering with students' progress in school. If a student has a significant learning or behavior problem in the classroom, it is important for the teacher to rule out any of the disorders which may follow.

If a problem is suspected, the student should be referred for assessment by a health care specialist.

		Page
1.	Allergies and Asthma	C • 2
2.	Blood Sugar Problems	C • 6
3.	Eating Disorders	C • 9
4.	Nutrition	C • 12
5.	Hearing Problems	C • 15
6.	Vision Problems	C • 21
7.	Seizure Disorders	C • 26
8.	Tic Disorders	C • 30

1. ALLERGIES AND ASTHMA

Indicators

- Excessive wheezing.*
- Postnasal drip.
- Ridge on nose from rubbing.
- Clearing throat frequently.
- Nose running or full of mucous.
- Sinus/nose continuously stuffed.
- Sneezing repeatedly.
- Red, puffy eyes.
- Watery, itchy or light sensitive eyes.
- Dark circles under eyes.
- Headaches.
- Feeling of pressure in ears.
- Itchy areas on body.
- Rashes or hives.
- Lethargic or sleepy.
- Decrease in attention and concentration.
- Listless and withdrawn.
- Weak and pale.

* Asthma, a chronic condition with attacks of wheezing and shortness of breath is a common chronic disease of childhood and the cause of much time lost at school. It can also be triggered by allergies due to environmental factors such as those listed above. In addition, an asthma attack may be brought on by weather, emotions and over-exertion.

Criteria for Action

The teacher should observe the student over a period of time and determine whether he/she has several of the behaviors listed under Indicators. Remember that a display of one, or even a few, of the items may not mean the student has a problem in this area. There may be more than one reason for the physical symptoms shown. However, any one of them can cause the student enough discomfort to interfere with school progress. The teacher can begin by trying the TIPS suggestions. If the student begins to feel more comfortable further action may not be necessary. If not, teachers should discuss the problem with school administration.

Possible Reasons

Most recent studies indicate that perhaps 20 to 30 percent of the population in industrialized countries have experienced allergic reactions or symptoms of allergies. In many of these countries asthma is the most common chronic disease in children and young adults. Although not all asthma is related to allergies, allergies play a major role in most cases of asthma in children and young adults.

Allergies can have many sources. In some cases they are due to:

- smoking during pregnancy. This increases the risk for allergic disease in babies up to five-fold
- early exposure to inhalant allergens such as grass, ragweed, cats, and house dust mites (possibly the most important allergic trigger of asthma)
- living in poorly ventilated buildings
- exposure to tobacco smoke
- infections
- early feeding with cow's milk based formula
- foods (most common offending foods are cow's milk and eggs)
- animal fur or dander
- dust or smoke
- pollen
- grass
- mold
- cosmetics
- medications
- allergies may also be triggered by insect bites, or changes in temperatures.

T I P S

The teacher should meet with the the family and the student to discuss the student's condition. They should discuss factors that could trigger an allergic reaction, the form the reaction might take and any procedures to alleviate the difficulty. This will allow the teacher to help with prevention as much as possible.

If the teacher notices any of the above indicators it is important to make note of the time, place and circumstances under which they occur. That knowledge, in conjunction with information from the the family and health care personnel, can help the teacher better understand how to decrease the student's exposure to the particular situation or harmful substance. For example, if the student starts to sneeze when next to certain plants or animals that are brought into the classroom, the teacher should remove them and avoid bringing such items into the school at any time.

If the the family has not sought medical help they should be encouraged to investigate the usefulness of medication and immunization for the child.

Classmates should also be involved. Give them information and discuss what they can do to help the student who has allergies or asthma. It should be emphasized that these conditions are not catching, but harmful only to the person with the condition.

If the child is already on medication, the teacher should be alert to signs of lethargy and drowsiness that might be a direct result of the medication. Students may also be sleepy because their discomfort has prevented them from having a good nights rest. Teachers might allow the student to rest at recess time, rather than having to go outside to play, if they appear tired or uncomfortable.

Children should be taught good manners with regard to covering their nose when they sneeze and the proper way to dispose of tissues.

With some children allergies are chronic; with others they are seasonal. It is important for the teacher to recognize both types of conditions so they can understand the physical reasons for the student's behavior.

Sources of Support

- **School Personnel**
  - — **Administrators.** Notify school administration first when a problem is identified and further assistance is needed. Following the advice of administration, decisions may be made as to how the teacher should proceed. Any of the following persons may be useful:
    - — **Social worker or counsellor.** May provide school personnel with workshops and points of reference for further assistance.
    - — **School dietitian.** If available, may consult with the family to give support and advice when students have food allergies.
    - — **School medical staff or consultants.** Should be aware of the student's problem and be available to support what the teacher is doing in the classroom to ameliorate the problems caused by the allergic disorder. They might also be available to help the the family make their own living quarters allergen free.

- **Family members.** May be asked to provide a history of the problem and the current treatment the student is receiving. Families can provide information about their child's habits and behaviors in the home.

- **Local health unit, physician(s).** A consulting allergist may upon request by the family, provide background on the student's condition and suggestions for how best to handle it in the classroom.

- **Professional groups**, such as The Allergy Information Association can provide informational material.

  Allergy/Asthma Association of Calgary
  #826 - 205 - 9th Avenue S.E.
  Calgary Alberta T2G 0R3
  Telephone: 403/263-7551

  Alberta Lung Association
  #301 - 10408 - 124 Street
  Edmonton, Alberta T5N 1R5
  Telephone: 403/482-6527

- **Alberta Education Response Centre**
  Telephone: 403/422-6326

- **Resources**
  Alberta Education Response Centre. (1988). *A Teacher's Guide to Asthma in the Classroom* (Awareness Series).

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on allergies and asthma.

2. BLOOD SUGAR PROBLEMS

Indicators

There are two types of blood sugar problems:

— Hyperglycemia or high blood sugar
— Hypoglycemia or low blood sugar.

Hyperglycemia

- Extreme thirst.
- Constant hunger.
- Frequent urination.
- Flushed, dry skin.
- Nausea and vomiting.
- Labored breathing.
- Fruity odor to breath.
- Drowsiness, lethargy, weakness.
- Confusion.
- Sudden weight loss.

Hypoglycemia

- Hunger.
- Irritability/hostility.
- Cold clammy skin.
- Abdominal pain.
- Difficulty speaking.
- Lack of coordination.
- Blurry vision/dizziness.
- Confusion/disorientation.
- Trembling, shaking hands.
- Light-headed.
- Fainting or unconsciousness.
- Numbness, tingling in fingertips.

Criteria for Action

If any of the symptoms listed under Indicators are observed, teachers should be on the alert to see if any other of the listed indicators also are apparent. A display of one, or even a few of the items may, or may not, mean the student has a blood sugar problem. It is usually a combination of factors occurring together, over a period of time and to an extreme degree, that should be cause for action. Blood sugar problems are critical enough to the student's well being for the teacher to discuss them with school administration, if they have any suspicion at all.

Possible Reasons

It is currently believed that a genetic disorder is a necessary - but not sufficient cause for blood sugar problems, the most severe of which is diabetes. At some point in the child's development something occurs to disturb the normal function of the pancreas and the body is no longer able to metabolize sugar properly.

Poor eating habits can contribute to the physical symptoms noted on the previous page, but they alone will not cause diabetes in children.

When considering sugar as a source of the problem, it is necessary to go beyond what normally are considered sources of sugar, such as candy or cookies. Many other food items contain sugar including ketchup, most cereals, peanut butter and juices. It is important to read the labels on all products!

T I P S

Insulin dependent diabetes mellitus (IDDM) represents the most common endocrine disorder of childhood. Disease management requires a complicated, multicomponent treatment regimen that includes daily insulin administration, multiple daily glucose tests, regulation of diet, strict timing of meals and careful monitoring of physical exercise. The goal of treatment is to obtain a satisfactory level of glycemic control, thereby reducing the student's risk of secondary problems which could include retinopathy (eye) or renal (kidney) disease. Both students and their families need to share responsibility for diabetes management and have a good knowledge of the implications of the disorder.

It is important to work closely with the family:

— To learn as much as possible about the student

— To see that a proper diet is adhered to consistently.

Students with blood sugar problems may not only need a particular diet, but also to eat more frequently, and at certain times, to maintain a consistent blood sugar level.

The teacher and school health personnel also need to know what to do in an emergency situation, such as having some food available if the sugar level goes too low. If the teacher and the student are alert to warning signs, such situations can be easily controlled.

Classmates should understand and partake in the regimen for the student, otherwise it will be difficult for them to understand why a friend refuses to eat something that is offered. The teacher might also find alternative snacks or treats that are appropriate for the student so he/she does not feel left out.

Snacks such as popcorn (unbuttered and unflavored) and diet pop are generally appropriate choices for the student with diabetes. Consult with the family and student regarding this.

The situation will vary for individual students, but generally speaking, too much sugar is not good for any student, and good eating habits will benefit the entire class.

Many people may have high or low blood sugar without being diabetic. If the teacher observes the indicators and diabetes is not the problem, a consultation should be made with a nutritionist, who will assess the individual student and put him/her on a diet that will enable him/her to feel better.

Sources of Support

- **School personnel**
  - — **Administrators.** Notify school administration first when a problem is identified and further assistance is needed. Following the advice of administration, decisions may be made as to how the teacher should proceed. Any of the following persons may be useful:
    - — **Social worker or counsellor.** May provide school personnel with workshops, information on how and when to seek further assistance, and provide direct help to families and students, as well as make referrals elsewhere for services.
    - — **School dietitian.** If available, may consult with the family and classroom teacher to give support and advice. The dietitian may also prepare and present information to the class about good eating practices as well as sugar related problems.
    - — **School medical staff or consultants.** Should be aware of the student's problem and be available to support what the teacher is doing in the classroom to ameliorate the problems caused by the blood sugar disorder.
- **Family members.** May be asked to provide a history of the problem and the current treatment the student is receiving. Families can provide information about their child's eating habits.
- **Local health unit, physician(s).** Should be available to treat the student as well as provide background on the individual's condition and suggestions on how best to handle blood sugar problems in the classroom.
- **Support organizations**

  Canadian Diabetes Association
  78 Bond Street
  Toronto, Ontario M5B 2JB

  Calgary and District Branch
  #114 - 1212 - 1st Street S.E.
  Calgary, Alberta T2G 0G8
  Telephone: 403/266-0620

  Edmonton and District Branch
  10232 - 124 Street
  Edmonton, Alberta T5N 1P7
  Telephone: 403/488-4834
- **Resources**

  Alberta Education Response Centre. (1988). *A Teacher's Guide to Diabetes in the Classroom* (Awareness Series).

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on blood sugar problems.

3. EATING DISORDERS

Indicators

Two types of eating disorders are anorexia nervosa and bulimia nervosa.

Anorexia Nervosa

- Weight is less than 85 % of expected weight.
- Usually begins in early to late adolescence.
- Marked weight loss in a short period.
- Change in eating habits; eating much less than before.
- Extensive exercising for the purpose of losing weight.
- Self-induced vomiting.
- Preoccupation with body size.
- Stating they are fat, or part of their body is fat, when they are quite thin.
- Intense fear of gaining weight, or becoming fat, even if underweight.
- Dissatisfaction with some feature of body.
- Females may not have menstrual period.
- Use of laxatives or diuretics to lose weight.
- Eating binges, often followed by vomiting.
- Preparation of elaborate meals for others, but limit selves to a few low-calorie foods.
- Hoarding, concealing or throwing away food.
- Experiencing stress.

Bulimia Nervosa

- Extreme concern about weight.
- Binge eating, at least twice a week for three months.
- Weight goes frequently up and down because of alternating binges and fasts.
- Stating their life is dominated by conflicts about eating.
- Food is eaten inconspicuously or secretly.
- Food is eaten fast with little chewing.
- Once begun, they seek other food to continue binge.
- Feeling of lack of control over eating during binges.
- Extensive exercising for purpose of losing weight.
- Self-induced vomiting.
- Depressed mood in general or after binge.
- Use of laxatives or diuretics to lose weight.
- Preoccupation with size and shape of body.
- Parents/guardian who are obese.
- Unusual pattern of trips to the bathroom.

Criteria for Action

The Indicators under Eating Disorders usually occur in combination, however, the particular combination may differ for each individual student. The combination of factors occurring together, over a period of time and to an extreme degree, are a cause for action.

Anorexia nervosa is a self-imposed dietary restriction resulting in weight loss of at least 25 percent below the individual's ideal weight. It typically begins as a normal adolescent preoccupation with weight control. Mean age at onset is usually about 18 years.

Bulimia nervosa is a related disorder involving recurrent episodes of binge eating, accompanied by feelings of loss of control during binges, and followed by self-induced vomiting, use of laxatives or diuretics, strict dieting or fasting, or hard exercise to prevent weight gain. Bulimia nervosa usually begins in adolescence or early adulthood. To be considered a true case there should be at least an average of two-binge eating episodes per week for at least three months.

Some persons may have several but not all the criteria and less severe weight loss.

Possible Reasons

Eating disorders usually occur within otherwise normal lifestyles and may resemble socially accepted dietary practices. It is only when the individual's health is seriously threatened that it may be noticed.

Anorexia nervosa occurs commonly as a single episode with full recovery or it may recur several times and be so serious it results in death.

Causes may include such diverse factors as poor self-image or self-esteem, emotional stress and peer pressure. Some students may also be influenced by seeing very slender role models on television or in magazines.

Note: Some physical illness and other conditions can interfere with an inability to gain weight.

T I P S

When students have an eating disorder there is a need for multidisciplinary assessment and treatment involving medical, dietetic and psychological/behavioral professionals. This should include routine physical examination and laboratory tests.

Sudden weight loss may have more than one cause, so if it is observed it is important to discuss the weight loss with the family or medical personnel. Also, lack of appetite can have

more than one cause including dental problems, abdominal problems, or decision to go on a special diet for health or religious reasons. Although still serious, these generally are not rooted in deep psychological causes and might be easier to deal with.

The teacher should try to understand some of the reasons for the stress or the student's lack of satisfaction with themselves. Students may be reacting to schoolwork problems or social problems with their peers. If the underlying causes are not addressed, it is not likely that a discussion of the necessity for proper eating habits and appropriate weight for height will be meaningful.

Students may start out with an overweight problem and once on an intensive diet may have problems returning to a sensible eating pattern. Those students may obtain help from a dietitian or a reliable weight-control clinic, under the supervision of a physician.

Recognize that there are students who are naturally slender and will not gain weight, but are perfectly normal physically and psychologically.

Also consider the next section on nutrition.

Sources of Support

- **School Personnel**
  - **Administrators.** Teachers should notify school administration when a significant eating problem is identified, to get advice about possible interventions. At that point decisions may be made as to how the teacher should proceed. Any of the following persons may be useful:
    - **Social worker, counsellor or psychotherapist.** May need to be involved if weight loss begins to cause serious physical or psychological problems.
    - **School dietitian.** May consult with the family and/or the teacher to give support and advice about appropriate eating habits.
    - **School medical staff or consultants.** Should be aware of the student's problem and be available to support teachers efforts to ameliorate the problems caused by the eating disorder.
- **Family members.** May be asked for a history of the problem and the current treatment the student is receiving. Also, information about eating habits and other behaviors in the home that can help the teacher understand the student's needs better.
- **Local health unit, physician(s).** May provide background on the student's condition and suggestions on how to handle issues related to severe eating disorders in the classroom.
- **Resources**

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on eating disorders.

4. NUTRITION

Indicators

- Poor height and weight gain.
- Decrease in fatty tissue.
- Muscle wasting.
- Reduced head circumference.
- Increased number of illnesses.
- Dental problems.
- Problems in learning and attending.
- Problems in stamina.
- Feeling of being tired.
- Poor eating habits when food choices are available.

Criteria for Action

Any of the listed Indicators might suggest a nutrition problem, but if there is severe malnutrition it is likely that several will be noticeable. Review the **Behavioral Index** in Section IV to consider whether any of the above Indicators might be associated with problems in addition to, or instead of, nutrition. If severe malnutrition is a problem, the teacher should discuss possible solutions and explore available community resources through the school administration.

Possible Reasons

Inadequate amount of food and poor eating habits can contribute to malnourishment. To feel one's best and grow properly students must be well nourished.

Students may consume an inadequate amount of food because of poverty, the family not supplying proper or sufficient food for any reason, improper understanding of fad diets or extreme following of non-traditional diets such as vegetarian, organic food, megavitamins and macrobiotic regimes.

If students are under the influence of drugs or alcohol they may also lose interest in eating. Periods of stress or unhappiness could also contribute to a loss of appetite.

Poor nutrition could also result from poor health due to digestive problems or abdominal pain. Swallowing and dental problems should also be ruled out.

TIPS

First rule out a physical cause for the poor nutrition. The teacher will have to ask the school administration to get this information if it has not been offered by the student or his/her family. Assuming the student is in normal health, as will be the case the majority of the time, the next thing to investigate is the student's diet; both the amount and type of foods he/she is ingesting.

If it appears the student is hungry because of a lack of nutritious food, and the problem is one of poverty or neglect, some arrangement might be made to provide the student with meals during the time they are in school. If the school cannot provide a free breakfast, lunch or other nourishment, perhaps a special fund could be set up. If the situation only applies to one, or a very few students, the teacher should try not to make any differential treatment obvious.

Information about a proper diet should be made available to the family and to the student. Someone should work with them to see that nourishing, inexpensive foods such as beans, potatoes, rice, fruit and vegetables in season are available. Foods containing starch are usually less expensive than fruit, vegetables and meat, and do not need to be refrigerated.

The teacher should be alerted to personal preferences, allergies and other unique reasons for unusual or inadequate diets.

A unit on nutrition could be helpful if it appears that a lack of knowledge is contributing to the problem.

Sources of Support

- **School Personnel**
  - — **Administrators.** Notify school administration if a nutritional problem is identified and further assistance is needed. From there decisions may be made as to how the teacher should proceed. Any of the following persons may be involved:
    - — **Social worker or counsellor**. May help the family to better provide for the nutritional needs of their children as well as provide assistance to the teacher with some type of food program.
    - — **School dietitian.** If available, may consult with the family to give support and advice. A dietitian or other nutritional expert might be able to assist the teacher in designing an interesting unit on good eating habits, including the preparation of nutritious food that can be made from simple and inexpensive ingredients.

Sources of Support cont'd.

— **School medical staff or consultants.** Assess the student medically or make a referral elsewhere. They also can provide advice and support to the teacher and help to track the student's progress.

- **Family members.** May be asked to explain how they handle the eating process in their home and any problems they may have, financial or otherwise, in providing for their child's nutritional needs.

- **Local health unit, physician(s).** May upon request by the family, provide background on the student's condition and information on what is being done medically e.g., food supplements.

- **Resources**

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on nutrition.

5. HEARING PROBLEMS

Indicators

- Does not respond to nearby sounds when source is not visible.
- Does not respond when his/her name is called from behind.
- Does not respond to loud noises such as bells, alarms.
- Frequently asks for words or sounds to be repeated; often says "what" when spoken to.
- Nods head in agreement/understanding but if questioned carefully reveals a lack of comprehension.
- Often gives an inappropriate answer to a question.
- Confuses similar sounding words (bat/pat, sand/hand, score/snore).
- Often seems inattentive to what you say.
- Turns up volume on sound equipment.
- Asks others to speak louder.
- Speech and/or language are not age appropriate.
- Voice is too loud or too soft.
- Mentions having ringing or buzzing in his ears.
- Misses sounds that others hear.
- Appears to daydream more than normal.
- Depends on "following" others rather than listening to instructions.
- Seems to obtain more satisfaction from seeing than hearing.
- Does better in math/computation tasks than reading tasks.
- Stares intently at people when they speak to him/her.
- Has frequent colds/ear infections.

Criteria for Action

Action should be considered when the student consistently shows any of the Indiçators above. When one indicator is observed, teachers should look carefully for others. As soon as the teacher observes that the student has several of the behaviors listed under Indicators, he/she should begin to make notes on the student's responses to sounds in a variety of situations. Teachers should use the suggested TIPS to see if they make a difference.

If the student has a hearing loss, the problem will not take care of itself. Action beyond the classroom should be discussed with school administration. This action may involve medical

treatment, use of amplification or other technical aides, or therapy to improve listening skills. When as much correction as possible has been made, the teacher will still need to be observant and implement techniques suggested under TIPS to make the auditory environment as helpful as possible for the student.

Possible Reasons

There are many reasons for a hearing disorder. Some major categories are illness, infection, injury or malformation of a part of the hearing mechanism. Hearing loss can also result from a buildup of wax in the ear canal. If earwax is the problem, immediate relief is possible, but should be taken care of by medical personnel. Cleaning ears with any sharp instrument or other method can make the problem worse or cause serious injury.

There are two types of hearing disorders: "conductive" hearing loss involving the outer or middle ear and "sensorineural" hearing loss involving the inner ear and auditory nerve. Some students have "mixed" losses. Depending on the type of loss, some students may hear some types of sounds and not others.

Degrees of hearing loss range from total loss of hearing in both ears to mild hearing impairment and monaural (single ear) losses. Students who do not have enough hearing to understand speech, even with amplification, are usually referred to as deaf. Others who can hear with amplification may be called "hard of hearing."

Variations in the way students react to the loss are also important. The age at which the loss occurs also must be considered; the earlier the loss occurs the more problems the student may have in learning language. The older the child is when the diagnosis is made, the more difficult it may be to accept.

Any type or degree of loss can interfere with learning and adjustment.

T I P S

Teachers should be aware that students who are deaf or hard of hearing have different communication needs and abilities than persons with normal hearing. How they learn to communicate depends on several factors including:

- the age at which the hearing impairment began
- the type of hearing loss
- amount of residual hearing
- speech and language skills
- speechreading skills

- personality
- intelligence
- family background
- educational background.

If teachers suspect, from observations and the use of the **Hearing Problems Checklist** in the *Teacher Alert System*, that a student has a problem hearing, the first step is to discuss it with the the family to see what information they have and the observations they have made. If the family has not yet done so, suggest that they have the child thoroughly examined by a physician who specializes in hearing disorders (otologist).

The student's vision should be checked. A hearing impaired person depends greatly on vision. When there is one sensory problem the probability of another one is increased.

Sometimes the hearing problem is caused by impacted wax, an ear infection or other cause that is treatable. If the otologist advises that there is a problem that exists other than a medical one that will respond to treatment, he/she will probably make a further recommendation. This may be to another medical specialist or to an audiologist who will measure the student's hearing and make suggestions for either amplification, or modifications in the environment or both.

If this is the teacher's first experience with a hearing impaired student, it is suggested that arrangements be made for a meeting with a consultant who will advise classroom personnel on how to care for a students personal hearing aid, set up an FM system in the classroom, or suggest any modifications that can be made to improve the acoustics in the room.

Any student given a hearing aid for the first time should have professional auditory training to help him/her use the device and also how to care for it.

Be sure the students hearing device is in working order every day.

Standard rules when speaking to a hearing impaired student

- Gain the student's attention before you speak:
  - — Tap on their desk
  - — Touch them lightly on the shoulder
  - — Blink the classroom lights on and off
  - — Make some other sound that they can hear or movement they can see.
- Allow the student to see your face:
  - — Facial expression and lip movements provide visual clues
  - — The closer students are to the source of the sound the better they can hear.
- Preferential seating is advised. However, since the teacher moves quite a bit, faces the chalkboard at times, and also, because anyone from anywhere in the room may be

speaking, allow the student to move freely about the room to get into a position to see and hear best. After the teacher writes or draws on the board he/she should turn toward the class before speaking.

- Speak as you normally do, a bit slower if you are a fast talker, otherwise you may distort your appearance making it more difficult for the student to obtain information from lip reading.
- Repeat what you have said if necessary. It may be helpful to rephrase varying words a bit. *Remember:*
  - — Short sentences are easier to understand than long ones
  - — Do not place anything in your mouth when speaking
  - — Understanding is more difficult if the person has a mustache that obscures the lips, is smoking, chewing gum or chewing on a pencil
  - — Do not put your hands in front of your face.
- The student will not be aware of sounds that come over a loudspeaker, radio and/or television. If the message is important it must be given to them some other way.
- Provide alternatives to listening:
  - — Have someone share notes with the student
  - — Provide visual clues such as pictures, overheads, slides
  - — If the assignment has to do with watching a television show, assign one that has captions. See if it can be arranged for the family to obtain a closed caption converter.
- Give the student as much hands on experience as possible. Some concepts may be hard to understand with a verbal explanation, but are easier to understand when pictures or actions are used.
- Present new vocabulary ahead of time.
- Maintain eye contact. Speak directly to the student. Be sure when you speak that the light is on your face, not in their eyes.
- The student's problem with hearing should be discussed with the class. It is better if the other students have a clear understanding of what it is like to have a hearing loss so they can be supportive rather than think that the hearing impaired student is ignoring them.
- Some hearing impaired students will avoid wearing hearing aids as they are embarrassed. If peer support is in place this is less likely to be a problem.
- If students have a very severe hearing loss, they should have the option of learning manual communication in a setting that has specialized equipment and teaching methods in place.

Sources of Support

- **School Personnel**
  - — **Administrators.** Notify school administration first when a problem is identified and further assistance is needed. Following the advice of administration, decisions may be made as to how the teacher should proceed. Any of the following persons may be useful:
    - — **Social worker or counsellor.** May arrange for training workshops and further assistance.
    - — **School medical staff or consultants.** Should support what the teacher is doing in the classroom to ameliorate the problems caused by the hearing disorder. Assure that examinations are provided on a regular basis to maintain the student's hearing as well as possible.

- **Family members.** May be asked to share information about their child's listening habits, and current medical and therapeutic treatment. Status of hearing aid usage is also important for school personnel to know.

- **Local health unit, physician(s).** The family may request medical personnel to provide background on the student's condition and suggestions for how best to handle it in the classroom. Medical specialists may include:
  - — Otologist
  - — Neurologist
  - — Audiologist
  - — Speech-Language therapist
  - — Hearing aid supplier.

- **Technological support.** A variety of aids should be made available to assist students in making the best use of their hearing. Among these are:
  - — Hearing aids
  - — Classroom amplification
  - — TDD (Telephone Device for the Deaf)
  - — Closed caption converter for TV.

- **Deaf community organizations.**

- **Professional organizations.**

- **Other sources of information.**

  Alberta School for the Deaf
  6240 -113 Street
  Edmonton, Alberta T6H 3L2
  Telephone: 403/422-0244 (Voice/TDD)

  Alberta Association for Hearing Handicapped
  West Entrance - 11342 - 127 Street
  Edmonton, Alberta T5M 0T8
  Telephone: 403/454-9581 (Voice/TDD)

  Deaf and Hard of Hearing Services (DHHS)
  63 Cornell Road, NW
  Calgary, Alberta T2L Z14
  Telephone: 403/282-1201 FAX 282-7006

Sources of Support contd.

- **Other sources of information**

  Western Canadian Centre on Studies in Deafness
  Department of Educational Psychology
  6-102 Education North
  Edmonton, Alberta T6G 2G5
  Telephone: 403/492-8247

- **Resources**

  Alberta Education Response Centre. (1988). *A Teacher's Guide to Hearing Impairment in the Classroom* (Awareness Series).

  Alberta Education Response Centre. (1988). *The Use of an Interpreter in an Educational Setting: Guidelines and Standards.*

  Alberta Education Response Centre. (1990). *An Educational Unit on Deafness for Hearing Students.*

  Literature is also available for students about other students with hearing problems, deaf people who have been a great success and the deaf community and culture. Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on hearing problems.

6. VISION PROBLEMS

Indicators

Effect of poor vision or eye problems on schoolwork.

- Prefers listening to looking.
- Cannot find objects.
- Leans over work too closely; holds objects too close.
- Cannot see blackboard.
- Disoriented when goes from brightly to dimly lit space.
- Reading problems: loses place, misses, confuses words.

Appearance of students with visual problems.

- Inflamed eyelids.
- Red or bloodshot eyes.
- Swelling around eyes.
- Tearing from eyes.
- Discharge from eyes.
- Drooping eyelid.
- Eyeballs smaller than normal.
- Protruding eyeball.
- Sunken eyeball.
- Looking to right or left, instead of directly at, object of interest.
- Nodding head.
- Tilting head (especially when looking at something).
- Covers one eye while reading or looking at board.
- Crossed eyes.
- Wandering, moving eye.
- Frowning, squinting.
- Constant rubbing of eyes.
- Impaired color perception.
- Frequently bumps into things.

Problems *students* express about their vision.

- Cannot see close.
- Cannot see far.
- Eyesight is blurred.
- Seeing double.
- Blind spots.
- Can't see looking to side.
- Can see out of sides of eyes but not straight ahead.
- Eyes bothered by bright light.
- Hard time seeing at night.
- Headaches.
- Eyes hurt.
- Eyes get very tired.
- Feels like something in eye.
- Problems distinguishing between colors.

Other signs which may or may not be related to a vision disorder.

- Short attention span.
- Constantly looks away from task.
- Poor handwriting.
- Easily irritated, tired, nervous.
- Disinterested in reading.

Criteria for Action

Anytime a student has trouble with school subjects that involve reading, writing or eye-hand coordination, the teacher should be alerted. The Indicators above present some of the noticeable symptoms as well as what students might themselves report. Any of the behaviors above could lead a teacher to suspect a possible problem, but because it is possible the above behaviors could have other causes, it is also recommended that the **Behavioral Index** (Section IV) be used to rule out other possibilities. Some physical signs do not necessarily indicate a major vision problem, but a medical problem that needs attention. If the teacher observes that even a few of the items in combination occur over a period of time, he/she should recommend to school administration that an eye examination be made. If a problem does exist, the teacher should implement the TIPS and see if he/she can improve the student's ability to learn visually.

Possible Reasons

Most students with eye defects have errors of "refraction" such as nearsightedness, farsightedness and astigmatism. They can usually be corrected with eyeglasses or contact lenses. However, there are many medical conditions which can cause severe visual impairments. Such conditions, including glaucoma, cataracts and various retinal problems, may not be amenable to correction with lenses, and require immediate and ongoing medical supervision.

A classroom teacher cannot be a diagnostician; if it appears that the student is having difficulty with vision based on the observations above, the family should be advised to consult a professional to obtain appropriate medical treatment and correction.

T I P S

If the student shows any of the signs listed under Indicators, the teacher should discuss them with the family and suggest that the student be seen by an ophthalmologist for a complete eye examination, to determine if glasses or medical treatment is necessary.

If the student is seen by a professional eye specialist, the teacher should ask the the family to have a copy of the report sent to the school so school personnel will know what type of treatment is recommended. Details concerning use of glasses, lighting requirements, care of eyes and possible limitation on physical activity are useful for the teacher.

Teachers can make adjustments such as:

- Allowing the student to sit where he or she can see the best
  - — The best view for some students is not necessarily the closest to the teacher
  - — Some students see better at a distance
  - — The sight-line is equally important
  - — Allow the student to change seats as necessary to get an adequate view
- Providing more or less light as needed
- Providing and teaching use of low vision devices
  - optical (reading glasses, stand magnifier or hand held magnifier)
  - electronic (close circuit television - CCTV)
- Using embossed materials

- Taking measures to reduce glare
  - using filters or tints
  - providing visors or aperture stops
  - eliminating sources of glare by changing lighting, window treatment, placement or work station, shiny surfaces
- Arranging for aids such as audio-tapes
- Allowing the student to record material instead of writing it
- Providing a typewriter or other tool to assist in writing.

If the problem is very severe, the student may need a special resource teacher or be placed in a special program where they may learn to use Braille, specialized equipment, or receive orientation and mobility training.

Sources of Support

- **School Personnel**
  - **Administrators.** Notify school administration first when a vision problem is identified and it appears further assistance is needed. Assistance may come from any of the following:
    - **Social worker or counsellor.** May arrange for informational workshops for staff regarding the needs of visually impaired students. May assist the family in obtaining necessary services and provide individualized support to the student.
    - **School medical staff or consultants.** May be involved in vision screening for the entire school and specialized assistance to students identified as having a vision problem. Teachers should check with administration as to what types of services are available. Services will vary throughout budgets, depending on community resources available.
- **Family members.** May be asked to provide details about any problem they have encountered related to their child's vision and treatment that has taken place. Families can share information about their child's habits and behaviors in the home which can help the teacher better deal with the problem at school.
- **Local health unit, physician(s).** Upon request by the family, health personnel who have examined and worked with the student's vision should be able to provide background on the condition and suggestions for how best to handle it in the classroom. Such individuals might include:
  - Ophthalmologist
  - Neurologist
  - Optometrist
  - Optician.
- **Technological support.** The local Institute for the Blind is a good resource to suggest aids to improve vision, or substitute for a vision loss. Examples of such aids include:
  - Braille equipment
  - Thermoform equipment to make raised letters and lines
  - Optacon and other more sophisticated tools.

Sources of Support contd.

- **Professional organizations.**
- **Social Service and community organizations.**
- **Canadian National Institute for the Blind**

  National Office
  1931 Bayview Ave.
  Toronto, Ontario M4G 4C8
  Telephone: 416/480-7677

  Alberta
  12010 Jasper Avenue
  Edmonton, Alberta T5K 0P3
  Telephone: 403/488-4871

  15 Colonel Baker Place N.E.
  Calgary, Alberta T2E 4Z3
  Telephone: 403/266-8831

  No. 206, 542-7th Street S.
  Lethbridge, Alberta T1J 2H1
  Telephone: 403/327-1044 or 1055

  900 Northern United Place
  5004-54 Street
  Inuvik, N.W.T. X1A 2R6
  Telephone: 403/873-2647

  White Cane Foundation
  12010 Jasper Avenue
  Edmonton, Alberta T5K 0P3
  Telephone: 403/488-4871

- **Materials Resource Centres**

  Northern Materials Resource Centre
  1st Floor Edwards Bldg.
  10053 - 111 Street
  Edmonton, Alberta T5K 2H8
  Telephone: 403/427-4681

  Southern Materials Resource Centre
  #15, 575 - 28 Street, S.E.
  Calgary, Alberta T2A 6X1
  Telephone: 403/297-4378

- **Resources**

  Alberta Education Response Centre. (1988). *A Teacher's Guide to Visual Impairment in the Classroom* (Awareness Series).

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on vision problems.

7. SEIZURE DISORDERS

What is a Seizure Disorder?

A seizure disorder is a medical condition caused by electrical discharges in the brain cells. There are two major types of seizures: generalized (involving the whole brain) and partial (limited to one area of the brain). The indications of a seizure may be major or minor depending on the type of seizure.

Indicators

- Brief interruptions of consciousness such as:
  - — Staring spells
  - — Daydreaming
  - — Small muscular facial movements
  - — Irregular eye movement/eyelid fluttering.
- Inappropriate movements such as:
  - — Twitching
  - — Plucking at clothes
  - — Smacking lips
  - — Aimless wandering.
- Change in alertness, less responsive.
- Some breathing difficulty.
- Sweating, coughing, or gagging.
- Muscles stiffening and jerking; stiffening (rigidity) of entire body.
- Falling to floor from standing or sitting position.
- Saliva around mouth.
- Loss of bowel or bladder control.
- Varying levels of consciousness:
  - — Incomplete loss of consciousness
  - — Complete loss of consciousness
  - — Student is confused, does not know what has happened.

Criteria for Action

When a student has a noticeable seizure in the classroom it is most likely that a combination of the Indicators, on the previous page, will have appeared. There is obviously cause for action beyond the classroom, beginning with bringing the problem to the attention of school administration. Teachers should also be alert to some of the less obvious signs, such as brief interruptions of consciousness or inappropriate movements.

Possible Reasons

The initial cause of the seizure disorder may not be known, or it may begin after an illness or injury. It may be present from birth or begin any time after birth.

T I P S

Seizure disorders are generally well controlled with medication. Some students may have more difficulty and even with medication may show signs of having a seizure in class. If there is that possibility, the teacher should know how to deal with the seizure and what to say to the class to prepare them.

What the teacher can do if a student appears to be having a seizure:

- Remain calm - be gentle and comforting
- Lay the student on the floor or ground
- Make the student comfortable; ease clothing, provide blanket
- Do not move a student who has fallen to the floor
- Protect student from danger; move furniture, other obstacles away
- Check for signs of airway obstruction
- Turn student on side, with arm behind and head tipped back, so saliva can flow freely from mouth and airway can remain open
- Do not put anything in the student's mouth
- Let the seizure run its course
- Afterwards allow student to rest until completely alert
- If the student is unconscious or stuporous after the seizure, get assistance from medical personnel or call the family
- Help other students be understanding and supportive
- It may be desirable, if seizure occurs in classroom, to remove other students from room.

If this is your first experience with a seizure, if you do not feel comfortable dealing with it, or if the seizure lasts more than five minutes, it is imperative that medical help be sought. Also, if the student appears to have any trouble breathing, artificial respiration may be needed. These situations are not likely to occur if the student is under appropriate medical care on an ongoing basis.

If the student is known to have epilepsy, follow directions on the student's record regarding notification and follow-up procedures.

If the student is not known to have epilepsy, if the seizure is atypical or if the circumstances are unusual (e.g., recent medication change, possible head injury), notify the family and/or seek medical assistance immediately.

If this is the first time a student has had a seizure it may be traumatic and some counselling, as well as medical assistance, would be helpful. The family should be encouraged to follow-up medically and asked to inform the school about any further information that school staff should have.

If the seizure lasts more than five minutes, or occurs twice in a day, notify the family and/or medical authorities immediately (unless other specific instructions are included in the student's record).

Sources of Support

- **School Personnel**
  - — **Administrators.** Notify school administration first when a problem is identified and further assistance is needed. Administration should suggest how the teacher should proceed once an emergency period is over, or if a problem is suggested. Any of the following persons may be useful:
    - — **Social worker or counsellor.** May provide assistance to the families if they are having difficulties dealing with the seizure disorder. They might also need to give the student individualized support as well as assist teachers in dealing with the problem.
    - — **School medical staff or consultants.** Should be aware of the student's problem and available to support what the teacher is doing in the classroom to ameliorate the problems caused by the seizure disorder.
- **Family members.** May be asked to provide a history of the problem and the current treatment the student is receiving. Families can provide information about any difficulties the student is having at home, precautions and interventions they have found useful, and information about seizure medication and the effect it may be having on their child's behavior and well-being.
- **Local health unit, physician(s).** Upon request by the family, may provide background on the student's condition and suggestions for how best to handle seizure disorders in the classroom.
  Other specialists may include:
  — Neurologist
  — Epileptologist.

Sources of Support contd.

- **Specialized organizations.**
- **Resources.**

Alberta Education Response Centre. (1988). *A Teacher's Guide to Epilepsy in the Classroom* (Awareness Series).

Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on seizure disorders.

8. TIC DISORDERS

What is a Tic Disorder?

A tic is a sudden, rapid, recurrent body movement or vocal sound that the student has difficulty controlling. There are two classifications of tics: motor tics and vocal tics.

Indicators

Motor Tics

- Eye-blinking.
- Tongue flicking.
- Facial grimacing.
- Head throwing.
- Constant touching of objects.
- Smelling objects.
- Slapping or hitting self.
- Head banging.
- Picking skin.
- Odd movements while walking.
- Squatting.
- Imitating movements of others.
- Grooming movements (combing hair).
- Large body movements such as stamping, jumping, hopping or skipping at inappropriate times.

Vocal Tics

- Coughing.
- Throat clearing.
- Grunting.
- Clicking.
- Yelping/barking or other animal sounds.
- Sniffing.
- Snorting.
- Screaming.
- Saying obscene words.
- Repeating own words.
- Repeating words of others.
- Sudden, senseless phrases.

Criteria for Action

The most severe tic disorder is known as Tourette syndrome. The five essential characteristics of Tourette syndrome are:

- Onset between age two and 21
- Uncontrollable noises as listed under **Vocal Tics** on the previous page
- Uncontrollable muscular movements as listed under **Motor Tics** on the previous page
- Symptoms seen over a period of one year
- Type of symptoms varying over time, varying in frequency and severity and often worsening with stress.

Possible Reasons

Although a definitive cause for tics is not known, there is a possibility of a neurological cause. Students with some neurological problems and brain damage may also show some of the above behaviors.

In some cases there may be a genetic basis.

Tics seem to occur and be more severe when the student is undergoing severe stress.

There may be times when any student has some tics. Tics are common in childhood, with prevalence reported as high as 13 percent between the ages of six and 12 years.

The majority of tics will be transient, and improvement usually occurs spontaneously with age.

To be considered a problem, tics should occur consistently and over an extended period.

T I P S

- Tic disorders are generally more distressing to the individual who has them than dangerous to the individual or other persons.
- Over a period, the embarrassment caused can greatly affect the individual's self-esteem.
- Only under extreme conditions could the student sustain an injury.
- Treatment of tics consists mainly of explanation and reassurance for patient and the family. The tics are best ignored and the family's attention refocused onto more positive aspects of their child's behavior.

- The long-term prognosis of childhood tic disorders is reasonably good with approximately two-thirds showing spontaneous improvements.
- The possibility of progression to a more chronic tic disorder or Tourette syndrome must always be considered, and follow-up of students is advisable while the tics persist.
- Intervention begins with assessment. Teachers should use the **Tic Disorders Checklist** in the *Teacher Alert System* to record the types of tics and the situations in which they occur. Both a frequency and intensity key are provided. Since early diagnosis and treatment is important, the teacher should involve the school support team and the family to discuss the problem and determine the student's needs. This process should include a review of the *Teacher Alert System* material and consideration of when the tics occur with the greatest frequency and intensity. These situational clues can be helpful as the teacher can begin to try to reduce stress or expectations during these times. This is an indirect approach; a more direct approach calling attention to the problem may be even more stressful to the student.
- The effects of tics on a student, particularly at the extreme end such as with Tourette syndrome, will vary between children as well as with the individual child over time.
- Tourette syndrome may effect various areas of the student's functioning.
  - — Severe motor tics may hinder skilled motor activities required in handwriting or typing.
  - — Tics may cause stress as the student tries to inhibit them in the classroom.
  - — Medication for tics may have the effect of blunting cognitive processes.
- Tic disorder symptoms may have interpersonal effects. The student may become socially isolated and rejected by other students. Teachers should use subtle means to be sure that these students are included in all classroom activities. It is important for the teacher to enhance the student's self-esteem. This could be accomplished by allowing the student to tutor a younger or less able student.
- Students with tic disorders seem to do best in a moderately structured classroom.
  - — Either a very rigid, controlled environment, or one that is too child-directed may be stressful.
  - — Students need the guidance of clearly articulated directions.
  - — Students need a refuge for times when their symptoms become intense. This may be any private place where the expression of the tic will not be noticed by other people. When this is not possible allow the students to sit where they feel most comfortable and where it would be less disrupting if they have a need to temporarily leave the room.
- If an activity or time of known stress is expected, the teacher should prepare the student ahead of time.

- Because of bodily tension which may develop, the students may be restless. One way to alleviate this is to allow the students a freely expressed physical activity.
- If the tics interfere with motor activity, students may need assistance with activities such as writing.
  - — Writing assignments may need to be modified.
  - — The student may need more time or shorter assignments.
  - — The student may need to use a notetaker for certain periods.
  - — The teacher might allow the student to dictate, type, use a microcomputer program or give a verbal response.
  - — The teacher might photocopy or reproduce materials for the student rather than requiring copying tasks.
- The teacher might try to engage small groups including this student in relaxation activities. These may include visual imagery, visual self-modeling, role-playing and auto-suggestion.
- Medication is only prescribed if symptoms are severe enough to cause psychosocial difficulties with peers, teachers or family, or if they adversely affect the child's development or school functioning.
  - — Medication should be monitored carefully.
  - — There are some conditions (Tardive Dyskinesia) which include tic like actions that are caused by certain types of medication.
  - — Teachers should also be aware of side effects of medication such as restlessness, depression and fatigue.
- The teacher should also rule out the movements as being associated with a seizure.
- If there are associated learning or attention problems they should be addressed. Suggestions appear in sections **D. Developmental and Learning Disorders** and **E. Temperament and Behavior Disorders.**

Sources of Support

- **School Personnel**
  - — **Administrators.** Notify school administration first when a problem is identified and further assistance is needed. Following the advice of the administration, decisions may be made as to how the teacher should proceed. Any of the following persons may be useful:
    - — **Social worker or counsellor.** May provide school personnel with workshops on tic disorders and ways of dealing with students who have a tic disorder.
    - — **School medical staff or consultants.** Should be aware of the student's problem and available to support what the teacher is doing in the classroom to ameliorate the problems caused by the tic disorder.

Sources of Support contd.

- **Family members.** May be asked to provide a history of the tic problem and how they are dealing with it in the home. It may be helpful for the school to know about particular times and causes associated with stress for the student to help them plan a most comfortable classroom and school setting.

- **Local health unit, physician(s).** Specialists who might be consulted should the problem appear to be more involved than a transient tic disorder are:
  — Neurologist
  — Psychiatrist.

- **Specialized organizations**

  Tourette Syndrome Foundation of Canada
  173 Owen Boulevard
  Willowdale, Ontario M2P 1G8
  Telephone: 416/449-4842

  Tourette Syndrome Foundation, Edmonton
  8215 - 185 Street
  Edmonton, Alberta T5T 1G9
  Telephone: 403/481-4682

  Tourette Syndrome Foundation, Calgary
  7639 - 22 Street, S.E.
  Calgary, Alberta T2C 0W9
  Telephone: 403/279-8792

  Movement Disorder Clinic
  Foothills Hospital
  1403 - 29 Street, N.W.
  Calgary, Alberta T2N 2T9
  Telephone: 403/670-1110

- **Resources**

  Alberta Education Response Centre. (1988). *A Teacher's Guide to Tourette Syndrome in the Classroom* (Awareness Series).

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on tic disorders.

D. DEVELOPMENTAL AND LEARNING DISORDERS

This section of TIPS contains six areas related to developmental and learning disorders covering a wide spectrum of abilities and disabilities.

Both the *Teacher Alert System* and TIPS address specific learning disabilities, attention deficit disorders and hyperactivity separately for purposes of assessment and intervention, although in reality they are often seen simultaneously. A student who has poor attending skills is going to have problems learning, which does not mean a true learning disability is present. A student with a specific learning disability may be able to attend but have great difficulty interpreting; as a result, additional behavior problems may ensue. It is important to address the root of the learning deficit by incorporating a variety of strategies to help the learning disabled student.

		Page
1.	Learning Disabilities	D • 2
2.	Attention Deficit Disorders	D • 8
3.	Attention Deficit Disorder with Hyperactivity	D • 13
4.	Language Learning Problems (Expressive and Receptive)	D • 19
5.	Severe Communication Problems	D • 24
6.	Educational Deficits	D • 27

1. LEARNING DISABILITIES

What is a Learning Disability?

Specific learning disability is a disorder that involves one or more of the basic psychological processes required to understand or use spoken or written language. The disorder may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, developmental reading, writing and arithmetic disorders, and developmental aphasia.

Indicators

- Student has average or better intelligence.
- Discrepancy of at least one year between achievement and intellectual ability in one or more areas.
- Unevenness in academic performance
  — good in arithmetic/poor in reading
  — speaks well/difficulty with handwriting.
- Specific errors in reading and writing such as omissions or substitutions of sounds, reversing letters or sounds, reading words from right to left.
- Uncoordinated; may appear clumsy.
- Memory problems; may not remember instructions or be able to repeat sound or picture sequences.
- Disorganized in thinking, written work and actions.
- Difficulties in reading comprehension (sorting out main points).
- Unable to focus for appropriate periods of time.
- Perseverates on one topic or or part of a task.
- Difficulty studying on own.
- Lack of confidence in own abilities.
- Overcompensates (i.e., memorizes pages and pretends to read).
- Emotional lability (rapid mood changes).

Criteria for Action

The teacher should observe the student over a period of time and determine whether he/she has several of the behaviors listed under Indicators. Remember that a display of even one, or a few, of the items may not mean the student has a problem in this area. If the learning difficulties begin to cause the student anxiety or lead to acting out behaviors, the teacher should try implementing the TIPS suggestions and see if they can make a difference. If the student begins to feel more comfortable in school the secondary problems may take care of themselves. If not, action beyond the classroom should be discussed with school administration.

Possible Reasons

Students with learning disabilities will have difficulties in school because of their problems specifically related to learning skills such as perception, coordination, memory, reasoning, organization and planning. They may also experience difficulties in attention and/or concentration. Sensory problems should also be considered when a student is not achieving at age or grade level academically.

T I P S

Advice for the teacher and other specialists working with the student falls into three main categories:

- Interpersonal
- Classroom management
- Learning skills

Interpersonal —how you treat the student as a person

- Focus on students as individuals.
  - — Group comparisons may increase negative self-esteem when students have severe learning problems.
- There are emotional consequences of learning disorders to look out for:
  - — Loss of self-esteem or negative feelings about personal, social and academic accomplishments
  - — Because students with learning disabilities fail so often it is easy to fall into the quicksand of poor self-image. They may learn to be helpless, or give up responsibility for learning. They may not expect to achieve.

- Do reality interviewing.
  - — Ask students to list their strengths and weaknesses.
  - — Help them understand what they are good at and what they need help with. Include such attributes as patience and social abilities.

Classroom management —how you arrange the total classroom setting so the student can be an integral part of the group.

- Add additional technical and personnel resources. These may include :
  - — use of a computer
  - — resource room periods
  - — classroom volunteers, tutors.
- Have a place, such as a carrel, for the student to work at without distractions. This can be as simple as a desk placed in the corner of the room with a corrugated board around the sides to keep out sight and sound distractions. If the student has an urge to diverge they should feel free go to the carrel to work.
- Peer tutoring and peer support can be helpful if the student is willing to accept such assistance and if the provider is given some good assistance techniques.
- Do not allow situations to escalate.
  - — Try not to antagonize the student.
  - — Examine whether your behavior adds to the problem.
  - — Don't single out students when you know they cannot answer a question or perform well. However, when they can, allow them their chance.
- Allow students to do the things with which they can have success, such as cleaning the boards or doing errands in the school.

  Discuss rules for their classroom behavior:
  - — how to treat others
  - — be positive
  - — respect others.

Learning skills —helping the student succeed by teaching him or her to approach tasks in modified ways. Remediation must work in conjunction with classroom management techniques.

- Execute an plan for remediation. In determining this plan talk to others who know and understand the student. Be realistic. Do not give assignments students cannot complete without help or for which they do not have the resources.
- Students need to take responsibility for their own learning. They must be active participants and feel a part of the process. One way to do this is to draw up a contract for completing assignments, doing homework or working on other classroom behaviors. The teacher and student agree on the terms and both sign the contract.

  Specify objectives:

  1. Who —
  2. will do what—
  3. to what extent —
  4. under what circumstances ?
- Identify the specific area that is deficient.
  - — Note persistent error patterns in written or spoken work (e.g.,word retrieval, sequencing, oral reports).
  - — Is their problem with sounds (articulation) or ideas (conceptual)?
  - — Analyze the task.
  - — Break it down into small sequential steps in which the student can show success.
- Teach the student self-monitoring skills in the areas of deficit.
  - — What is my problem area?
  - — What specific errors am I making?
  - — Allow student to tape and play back to monitor as a self-monitoring device. This should be done privately.
- Prepare individual drills for practice on a level at which the student can succeed.
  - — Build upon student strengths and interests.
  - — Provide guided practice; it is important that the student practice <u>correct</u> responses.
  - — Students should feel free to ask questions or ask for demonstrations when they do not understand.
  - — When students are able to perform a skill well and the teacher feels the student is ready, the student can then be encouraged to practice independently with periodic supervision.

- If the student tends to be concrete, demonstrate what you mean by pictures or actions and present concrete learning strategies.
  - — If the student has spatial problems give them activities to get involved physically (e.g., music action and touch activities).
  - — Make temporal words more meaningful by illustrations.
- Have reading and other work material that is of great interest (i.e., for a high school student interested in sports, a college basketball play book).
- Modify curriculum so the student can have successes.
- Work on orderly process of thought and expression. Give student a formula to put their ideas in order, (e.g., give the student outlines to fill in when doing an experience story).
- If the student has a difficult time with handwriting, provide a typewriter or allow him/her to audio-tape books or other reports instead of giving them aloud or writing them out.
- Allow students to keep records of their gains. In the beginning, some students may need tangible reinforcers regularly to help sustain minimal gains.
- Assistance by the family is important if family members are able to help. Parents, siblings and other family members may need to be taught strategies and how to structure their time with the student. If this is going to be stressful for either the student or the family it might be best to work out other ways for involvement. Family members can:
  - — Provide materials
  - — Help in the classroom
  - — Hire a tutor
  - — Arrange special learning experiences.

Sources of Support

- **School personnel**
  - — **Administrators.** Notify first when a problem is identified and further assistance is needed. Following advice of administration, decisions may be made as to how the teacher should proceed. Other school personnel should be involved:
    - — **Subject area specialists.**
      - — Reading teacher
      - — Speech-language pathologist
      - — Learning disabilities specialists.
- **Family members.** May be asked to provide a history of the problem and the current treatment or outside services the student is receiving.
- **Physician(s).** May be necessary to rule out any physical illness or sensory deficit.

Sources of Support contd.

- **Alberta Education Response Centre**
  Telephone: 403/422-6326

- **Local chapters of Learning Disabilities Association**
  Calgary Chapter
  745B - 37 Street, N.W.
  Calgary, Alberta T2N 3C1
  Telephone: 403/283-6606

  Edmonton Chapter
  5540 - 106 Avenue
  Edmonton, Alberta T6A 1G3
  Telephone: 403/466-1011

  Learning Disabilities Association of Alberta
  #145, 11343 - 61 Avenue
  Edmonton, Alberta T6H 1M3
  Telephone: 403/448-0360

  Note: Addresses and telephone numbers are subject to change. Anticipate the need for these resources and write in the number of your nearest chapter.

  Chapter: _____

  Address: _____

  Telephone: _____/_____-_____

- **Resources.**

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on learning disabilities.

2. ATTENTION DEFICIT DISORDERS

Indicators

- Appears detached from class activities.
  - Thoughts wander.
  - Difficult to direct to task.
  - Inattentive.
  - Disregards directions.
- Problems becoming involved in task.
  - Lacks initiative.
  - Difficulty staying with task.
- Problems in staying with task.
  - Not goal oriented.
  - Easily distracted.
  - Attention span inappropriate for age.
- Approaches tasks in idiosyncratic ways.
  - Perseverates.
  - Preoccupied with insignificant details.
  - Distracting behaviors.
  - Has unique learning styles.

Criteria for Action

If the teacher observes that the student has one or more of the behaviors listed under Indicators, he/she should review the other sections of TIPS, particularly **Physical/Sensory Disorders**, to be sure that he/she is not overlooking any underlying problem that should be addressed. It is possible that attention deficit disorders are caused by, or are seen in association with other physical and social factors. In any event, the specific attention deficit should be directly addressed as suggested under the TIPS.

Possible Reasons

There are a variety of areas to explore when a student shows indications of an attention deficit disorder. An immediate concern is the possibility of a hearing or vision problem. Other physical problems can also interfere with the students ability to concentrate. Review all of the indicators in the sections under **Family and Welfare Issues** and **Physical/Sensory Disorders.**

Another possibility is that of a learning problem. Frequently a learning problem goes in tandem with a problem in attention.

There are some educational and medical personnel who believe that some children have a medical condition that causes the attention deficit and will prescribe medication. If this is the case, the teacher should be aware of when the student is on medication and any side effects. There is also a possibility that certain food additives or excess sugar in the diet may cause hyperactivity. While the teacher may make astute observations about the student's behavior following ingestion of such food types, the family, in conjunction with medical personnel, should make a final determination of this association between food and an attention deficit disorder.

T I P S

First identify the specific area that is problematic. In the *Teacher Alert System,* **Attention Behavior Checklist (ABC)** it is suggested that the teacher consider:

Activity area

Behavior of concern

Code for frequency (Rarely, Sometimes, Frequently)

Using this procedure the teacher will be able to see student's strengths as well as their weaknesses. Areas in which students can excel or do at least as well as their peers should be emphasized for them. A student, who may be embarrassed when called upon to read in front of the class, might do very well in art and be pleased to tell about a picture or construction he/she has made. A student who may have problems concentrating on his/her own work, may be able to help out in the class in some capacity to build pride in himself/herself.

In addition to looking at the indicators on the previous page the teacher can make notes of his/her own observations. For example, students may have:

- Selective attention
  - — Both overinclusive and overexclusive attending are problems.
  - — The student is unable to ignore irrelevant stimuli and attend to the relevant.
  - — The student attends to a single stimulus while excluding all other relevant stimuli.

- Short attention spans
  - — The student may appear unable to concentrate on any one task for very long.
- Perseveration
  - — The student has difficulty staying with a particular task beyond the point where it is appropriate. Students may repeat whatever they have done.
- Monitoring
  - — In the beginning the student is going to need a lot of external monitoring as well as exposure to methods that will improve his/her own self-monitoring. The student may need materials that are programmed in an interesting way and will allow him/her to move on to the next step.
- Appropriate stimuli
  - — The student may need an environment that is stimulating.

Self-control skills units

If students are going to improve they need to learn skills related to focusing and concentration. These skills are also applicable to hyperactive and disruptive behaviors that are discussed on page V • D •13.

The exercises listed below do not directly improve the student's ability to do academic work such as math and reading. However, they will allow the teacher to have better instructional control, thus promoting a better atmosphere for learning. Some of the strategies used are role playing, games and discussion.

- Perceive incoming information correctly
  - — follow directions
  - — state differences in shapes
  - — identify likenesses in abstract pictures
  - — complete pictures.
- Memory exercises
  - — hide the bean game
  - — identify imbedded objects
  - — flashcard, picture recall
  - — repeating musical sounds.
- Time orientation, visual and auditory sequencing
  - — calendar work
  - — picture sequencing.

- Anticipating consequences
  - — discuss choice of responses
  - — complete stories
  - — work on mazes.
- Postponing gratification
  - — token economy (need certain number of points for reward).
- Relaxing
  - — physical relaxation exercises
  - — music, stories.

Intervention guidelines

- Choose topics of interest to the student.
- Relate information to the student's interest, e.g., hockey cards for math, skateboards for science.
- Start at or below the level at which the student is performing.
- Increase difficulty gradually, use small steps (task analyze).
- Present tasks in developmental sequence.
- Provide positive feedback or praise when appropriate.
- Recognize effort as well as success.
- Begin each task with a brief review.
- Assure that the task is meaningful and interesting.
- Be flexible, do not allow the student to become bored and restless.
- Have short, frequent, regular training.
- Consider transfer of training.

Sources of Support

- **School Personnel**
  - — **Administrators.** Notify school administration first when a problem is identified and further assistance is needed. Following the advice of the administration, decisions may be made as to how the teacher should proceed. Any of the following persons may be useful:
  - — **School medical staff or consultants.** Should be aware of the student's problem and available to support what the teacher is doing in the classroom if there is any physical basis to the attention deficit disorder
  - — **Subject area specialists**
    - — Reading teacher
    - — Speech-language pathologist
    - — Learning disabilities specialists.

Sources of Support contd.

- **Family members.** May be asked to provide a history of the attention problem and how they are dealing with it in the home. It may be helpful for the school to know about particular times and conditions they have found to be most critical for their child.

- **Physician(s).** May be necessary to rule out any physical illness, sensory deficit.

- **Alberta Education Response Centre**
  Telephone: 403/422-6326

- **Alberta Education authorized resources**

  Essa, Eva L. (1990). *A Practical Guide to Solving Preschool Behavior Problems*. Albany, N.Y.: Delmar. 2nd ed.

  Sparzo, Frank J. and James A. Poteet. (1989). *Classroom Behavior: Detecting and Correcting Special Problems*. Toronto, Ontario: Allyn and Bacon.

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on attention deficit disorders.

3. ATTENTION DEFICIT DISORDER WITH HYPERACTIVITY

Indicators

- Extreme overactivity; always on the go.
  - — Part of the body always moving.
  - — Very fidgety and restless.
  - — Doesn't stay seated, may wander around the room.
- Talks a lot.
  - — Speaks out impulsively.
- Doesn't stay on task for an appropriate period of time.
  - — Easily diverted from work.
  - — Rarely finishes tasks.
  - — Doesn't attend to full directions for task completion.
- Poorly organized and messy.
  - — Loses things needed for work.
  - — Comes to class unprepared.
- Difficulty with change in routine.
- Interrupts other students at their work.
- Disrupts other students at play.
- Hard time waiting for turn.
- Doesn't consider the consequences of dangerous activities.
- Poor eye-hand coordination.
- Generally does poorly in schoolwork.
- Works better in one-on-one teaching situation.

Criteria for Action

The teacher should notice within a short time if the student has several of the hyperactive behaviors listed under Indicators. Remember that a display of one, or even a few, of the items may not mean the student has an ongoing problem in this area. It is a combination of factors occurring together, consistently, and to an extreme degree, that should be cause for action.

In the area of student hyperactivity, the teacher should implement the TIPS suggestions and see if they can make a difference. If the student begins to be less restless in school the problem may take care of itself. If not, action beyond the classroom should be discussed with school administration.

Possible Reasons

The above indicators describe students who have problems with attention because they are extremely hyperactive. Many students may show the checklist behaviors to some degree at one time or another. The teacher should only consider the student to have a problem if the amount and persistence of the hyperactive behavior is beyond that expected of a child of a particular developmental age.

Frequently the family will say the student was hyperactive before beginning school; however, when the student was expected to sit still for extended periods of time, beginning in first grade, problems became more obvious.

When determining the cause for hyperactivity, neurological and physical disorders of all types should be ruled out. The situation at home should also be reviewed since students with problems outside school are not always able to leave them behind when they come to class.

Hyperactive behavior and learning disabilities have been linked to the ingestion of foods containing various additives (i.e., artificial food colorings and flavors, antioxidant preservatives, as well as excessive amounts of sugar).

While hyperactivity and attentional-impulsivity deficits often accompany school failure, it does not necessarily follow that the student will have specific learning disabilities. Thus, it is important to make separate and independent decisions about these two problems.

T I P S

The teacher should review the student's behavior, in a variety of situations, over a period of at least two weeks. Then, using the **Attention Deficit Disorder with Hyperactivity** checklist in the *Teacher Alert System*, or the indicators on the previous page, check those items which apply to the student for that period. If the teacher wants to see how the behaviors vary over time, the *Teacher Alert System* checklist covers two time periods.

- Teachers should also consider the amount of physical activity needed by an active child and be sure this is available.
- Studies have shown that when hyperactive students begin the day with a lively exercise using a lot of physical activity, they are better prepared to sit quietly and work than when they are required to settle in immediately.
- The hyperactive student may also need more frequent breaks from sedentary tasks than other students.
- Rather than waiting until the student is so fidgety that he or she becomes an annoyance to all the children around, provide planned activity breaks.
- Allow the student to do active jobs in the classroom, such as straightening out chairs or cleaning the board, rather than filing or helping to grade papers.
- Some hyperactivity may be due to distractions which the student cannot screen out easily.
- Providing the student space with fewer distractions may help alleviate the problem.

Techniques to address specific behaviors

Sometimes the teacher may need to employ special techniques to address specific behaviors even when the probable causes are removed. If students have learned inappropriate classroom behaviors, they may need some time to learn more appropriate classroom behaviors.

Remember:

it is not enough to discourage a behavior,

it is important to teach a substitute, more appropriate behavior.

Disrupting in class - Speaking out of turn

- Take the student aside and explain to him or her what you see as the problem.
- Describe specific situations in which they called out when it was not their turn, or when it was inappropriate to do so, such as during a film.
- Discuss why they might be doing this and provide alternative behaviors.
- Alternative behaviors may include:
  - — Raising hand in air when you want a turn
  - — Making a note to remind you what you want to say, or to give to the teacher to consider if you are not called
  - — Holding up a card. These cards may indicate agreement or disagreement or anything else that might be appropriate
  - — When discussion begins, the teacher may ask everyone who wants a turn to raise their hand and then list their names on the board. That way the student can be sure he or she will be heard.
- Discuss other substitutes for calling out.
  - — Tell students that for a certain time period you are going to be keeping a record of their speaking out, and then following that time you will discuss their speaking out with them. At that meeting tell them that their goal will be to cut their speaking out by half during an equivalent period each day for the next week. You will alert them to the beginning and ending of that period. (Put a start card on their desk and at the end of the time take it away.)
  - — Students will also be required to keep a self-record of the number of times they speak out. This will accomplish two things. First, it will make students more conscious of what speaking out is and second, it will make them aware that they are also responsible for changing their behavior.

Once the teacher feels that the student is truly aware of what speaking out is, the next step will be to choose a random period each day, and try to have the number of times the student speaks-out decrease daily when the student does not know a count is being made. The teacher and student must work as a team to determine how many speak outs will be acceptable, gradually lowering the number until the substitute behaviors are being used consistently.

Disrupting in class - Leaving seat

An ounce of prevention is worth a pound of cure.

If the student has a problem staying seated for an appropriate period of time, the teacher needs to determine how long the student can stay seated without difficulty. This can serve as a baseline.

Discuss goals with the student for gradually increasing the period of time he/she must stay seated, but plan for some acceptable behavior if in fact, he/she has great difficulty staying seated as long as the other students.

If he/she gets out of his/her seat and does not disrupt others, it will make it easier on the teacher. Again, try some alternatives. See if it helps to segregate the student, or allow him/her to do some work standing instead of sitting. Also, give the student interesting in-seat activities to keep him/her attending.

- Have a meeting with the student during which time you make a list of the reasons why he/she leaves his/her seat. Make a list of these reasons. Every time the student feels like leaving his/her seat, he/she has to check why.
- Give the student a piece of paper with a group of eight boxes on it during a typical lesson where the student often leaves his/her seat. Later work up to a higher number. Announce that at random times you will be coming by with red and green tokens. If he/she is attending appropriately the teacher leaves a green token on a box, and if not, a red token. The goal is to receive all green tokens.
- A variation is to give eight signals during the period. The student has eight faces with everything but the mouth drawn. If when the signal is given the student is in his/her seat and attending, the face gets a smile, if not, a frown.

Learning how to learn

- One of the observations about hyperactive children is that they have not mastered good strategies for learning.
- Their deficiency appears to involve an inability to mobilize the sustained effort and control required to meet the demands of doing tasks, even when they are dull and repetitive.
- They need to develop more efficient ways to approach tasks and studying. It is possible for teachers to help students in this regard. When introducing work to the student it should be:
  - — goal oriented
  - — purposeful

- organized
- logically programmed.

- Specific tactics for solving problems should be taught. This might include :
  - using concrete objects for counting and measuring
  - using markers under lines to stay in place while reading
  - using blocks to mark off such things as study time.

Sources of Support

- **School Personnel**
  - **Administrators.** Notify school administration first when a problem is identified and further assistance is needed. Following the advice of the administration, decisions may be made as to how the teacher should proceed. Any of the following persons may be useful:
    - **School medical staff or consultants.** Should be aware of the student's problem and available to investigate whether there is any physical basis to the attention deficit disorder with hyperactivity.
    - **Subject area specialists.**
      - Reading teacher
      - Speech-language pathologist
      - Learning disabilities specialists.

- **Family members.** May be asked to provide a history of the attention and hyperactivity problem and how they are dealing with it in the home. This may be helpful for the school to know about techniques families have found to deal positively with their children.

- **Physician(s).** May be necessary to rule out any physical illness or sensory deficit.

- **Alberta Education Response Centre**
  Telephone: 403/422-6326

- **Alberta Education authorized resources**
  Essa, Eva L. (1990). *A Practical Guide to Solving Preschool Behavior Problems.* Albany, N.Y.: Delmar. 2nd ed.

  Moghadam, H. (1988). *Attention Deficit Disorder: Hyperactivity Revisited: A Concise Source of Information for Parents and Teachers.* Calgary, Alberta: Detselig Enterprises Ltd.

  Sparzo, Frank J. and James A. Poteet. (1989). *Classroom Behavior: Detecting and Correcting Special Problems.* Toronto, Ontario: Allyn and Bacon.

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on attention deficit disorder with hyperactivity.

4. LANGUAGE LEARNING PROBLEMS (EXPRESSIVE AND RECEPTIVE)

Indicators *

- At, or close to age/grade level, in most areas except for the understanding and use of language.
- At least a one year language delay is evident. **
- Appears to ignore what others say.
- Short attention span for listening to others.
- Needs more explanations than others before understanding what is said.
- Needs to see a picture or demonstration before understanding.
- Responds tangentially or inappropriately to what is said.
- Often misses the point of what is said.
- Very concrete; misses subtle nuances of speech.
- Difficulty learning new words.
- Avoids games if listening to words is required.
- Avoids situations if speaking is required.

** To ascertain speech-language delay please refer to:

Wolf Expressive and Receptive Language Checklist (WERLS)

in the

Teacher Alert System.

*** These indicators are developed for use with students whose first language probably is English. Teachers should consult with English as a Second Language/Second Language school consultants when dealing with students whose first language is not English or, who have recently arrived in Canada.**

Criteria for Action

The teacher should observe whether the student has shown any of the language difficulties listed under Indicators. Given the optimal speech-language environment, if at least four of the Indicator items on the previous page are seen, the student should be referred for a more intensive language evaluation. Any combination of these factors occurring together, over a period and to an extreme degree, should be cause for action. If it is determined the student has language problems, the teacher should implement the TIPS suggestions and see if they can make a difference. If the student begins to show progress in his/her ability to speak and communicate, the problem may not require major intervention. If not, action beyond the classroom should be discussed with school administration. Because of the greater expectation for understanding and use of abstract language in older students, this area becomes increasingly important as the student leaves the primary grades.

Any time the student has a middle ear infection there is a possibility of a temporary hearing loss which can interfere with education and language development. In young children this can be particularly critical. In any event, a hearing loss of any degree should be ruled out when a student shows evidence of language delay or deviancy.

Possible Reasons

By the time children are five to six years-of-age, they should have adequate comprehension of *spoken/oral* language. The level of comprehension depends on age and environmental experiences. If they do not understand, they will generally ask for clarification. They are able to hold conversations, listen to and obtain information, and give information to other people. There are developmental sequences which are natural: a child will understand and use the active voice before the passive voice. If this progression does not occur, intervention may be necessary.

Before considering language learning as a problem, be sure that the student has had an audiological examination to rule out a hearing loss. Even a temporary loss, due to a middle ear infection, could interfere with the student's hearing and cause problems in comprehension and create difficulty in learning language.

Occasionally students with adequate hearing have difficulty understanding spoken language. If a hearing problem is not found, there are other medical considerations such as some central nervous system disorder. Investigate whether there are other family members with severe language problems to ascertain whether genetic factors are possibly involved. The teacher or other school staff might also check to see if there is a lack of stimulation in the home or if the student has emotional problems. In some cases the language spoken at home is different than that used in school. This may also cause the child problems in school.

A complete history of the student's linguistic development is very important to analyze the problem and to serve as a baseline for intervention. A most useful tool for this is the **Wolf Expressive Receptive Language Checklist (WERLS)** found in the *Teacher Alert System*.

T I P S

Consider the age of the student. Younger students are more likely to have difficulty with abstract language concepts, longer and more complex sentences and understand some words out of context. This does not constitute a language problem *per se*. The teacher can compensate for the age factor by the level of language he or she uses by speaking more slowly and paraphrasing, and whenever possible, by giving the student additional clues to what is being said.

The student may benefit from intensive, individual speech-language therapy that is closely coordinated with the teacher and the home

If this is not possible, the teacher should determine from the *WERLS* which skills are to be learned next in the developmental hierarchy and plan some one-to-one time with the student to work on them.

Determine whether the problem lies with either of the following:

auditory memory — students cannot retain the sounds/words they hear long enough to contemplate an entire thought

word comprehension — students hear and remember but do not understand the meaning of the words.

Auditory Memory

- If the student has difficulty repeating whole words, use a phonics approach. Give practice drills to repeat single sounds. Remember, the goal is not for the student to name letters, but the sounds the letters represent in spoken words (i.e., B is not "bee" but "buh").
- Next, practice putting two sounds together and have the student repeat them. When they can repeat two sounds, go on to three. These do not have to form a word.

- After the student can repeat three sounds easily move on to short words and do a variety of exercises:
  - — repeating words
  - — pointing to/bringing object when word is said
  - — match spoken word to written word.
- The next step is short commands. You may need to illustrate first. Prepositions make good exercises. You can ask them to put a ball in, on or beside a box. You can take a doll and ask them to wash various parts of the doll or do different actions. Make the commands short and say them slowly.
- Use a "Prompted Production Procedure." Find simple interesting pictures (such as a boy holding a dog). Say, "The boy is holding the dog." Then, keeping the picture in sight, ask students to repeat what you said. In the beginning, they may need a lot of assistance.

Word Comprehension

- Give students a lot of concrete experiences. Constantly name things. Make lots of picture books of categories of objects such as food, clothing, animals, parts of the body.
- Teach students how to describe. Give them words for size, shape, texture, color, number, speed. Make these exercises very concrete.

Other projects

While students are having difficulty using spoken language, give them many other opportunities for success with other means of language and communication. Some students can learn to express themselves using simple gestures and signs, and once the concept of language is instilled, they may be able to quickly pick up spoken language.

Students with a language learning problem may enjoy music and be alert to environmental sounds; their primary problem is comprehension and use of a linguistic code. If this is so, provide many pleasurable listening experiences for the student.

Sources of Support

- **School Personnel**
  - — **Administrators.** Notify first when a problem is identified and further assistance is needed. Following advice of administration, decisions may be made as to how the teacher should proceed. Any of the following may be useful:
    - — **Subject area specialists.**
      - — Reading teacher
      - — Speech-language pathologist
      - — Learning disabilities specialists.

Sources of Support

- **Family members.** May be asked to provide a history of the problem and the current treatment or outside services the student is receiving. They may want to discuss ways in which the home and school can reinforce each others activities to help the child.

- **Physician(s).** May be necessary to rule out any physical illness, sensory deficit or other condition which can interfere with learning.

- **Alberta Education Response Centre**
  Telephone: 403/422-6326.

- **Local Speech and Language Associations**. May have information available. Check your local telephone directory.

- **Resources.**

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on language learning problems.

5. SEVERE COMMUNICATION PROBLEMS

Indicators

- No sign of directing behavior toward another person.
- Little or no expression of feeling or emotion on face or body.
- Undirected/random movements and sounds.
- A few signs of emotion but they are rare and repetitious.
- Subtle approaches when wants something.
- Communicates simply; points, pushes adult toward object.
- Moves adult to do his bidding (turns hand on doorknob).
- Protests or avoids items or task without indicating why.
- Asks for item or help without interest in person approached.
- Responds to requests, but without interest.

Criteria for Action

If the teacher observes the student consistently showing several of the behaviors listed under Indicators, TIPS suggestions should be implemented to see if they can make a difference. If the student begins to improve with the increased attention to these signs of communication disorder, this approach may be sufficient. If not, action beyond the classroom should be discussed with school administration.

Possible Reasons

These indicators primarily describe younger children who experience delays or disorders in developing the ability to communicate appropriately with other people. If the problem persists past grade one there may be a possibility of a more severe problem requiring the help of a specialist in child behavior disorders (i.e., a psychologist or psychiatrist) or neurological disorders.

Rule out any physical or sensory problem or the possibility of a mental handicap.

It is important to determine whether the behaviors observed have been typical throughout the child's life, or if they represent a recent change in behavior. Also, whether the child has been showing steady, if slow, improvement or has maintained the same status over time.

T I P S

The indicators are arranged developmentally, following an order of progression from the student with the most severe communication problem to the student who is beginning to show minimal communication ability, but without the signs of mutuality required for true communication.

Because children rarely behave consistently in this area, the list should be used to develop a profile of the student.

The techniques listed under **Learning Disabilities, Attention Attention Deficit Disorders** and **Language Learning Problems** are also relevant here. Some of the additional considerations for the student with severe communications include:

- Consistency in the procedures used and the personnel employed. Often these students will need to develop trust and a feeling of comfort with an adult before they will perform in a cooperative manner. For this reason, standardized testing will rarely reveal their true competence.
- Attend to the slightest clues the student gives in order to determine when and how they are communicating, and immediately give a response in order to reinforce the communicative behavior.
- In addition to many concrete clues, provide physical assistance to demonstrate what you want done. For example, if you want the child to stack blocks, first give the command, then show them how, making sure that they are visually attending. Then, standing behind them, manipulate their arms so that they are appropriately stacking the blocks.

- Encourage simple turn taking activities rather than staying with commands to which the student must respond repeatedly. For example:
  - — Put some items on the table
  - — Name an item and ask the student to hand it to you
  - — Then, have the student ask you to give him an item
  - — If the student is not verbal, he/she may use other forms of communication to make this request.
- Encourage and teach a wide variety of communicative responses. Communication boards, picture books, drawings, gestures, signs can all be used in the communicative process.

Sources of Support

- **School Personnel**
  - — **Administrators.** Notify first when a problem is identified and further assistance is needed. Following advice of administration, decisions may be made as to how the teacher should proceed. Any of the following may be useful:
    - — **Subject area specialists.**
      - — Reading teacher
      - — Speech-language pathologist
      - — Learning disabilities specialists.
- **Family members.** May be asked to provide a history of the problem and the current treatment or outside services the student is receiving. It may be important to know what types of communication practices are used in the home. It may be useful for the family to come to school to observe some of the techniques used by the teacher or resource persons.
- **Physician(s).** May be necessary to rule out any physical illness or sensory deficit. In the event one is found, remedial measures should be taken.
- **Alberta Education Response Centre**
  Telephone: 403/422-6326.
- **Resources.**

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on severe communication problems.

6. EDUCATIONAL DEFICITS

Indicators

There are a variety of school related areas in which students may show delays or deviancies. Some of these areas include:

• Social/emotional	Functioning in self-development and interpersonal relationships.
• Gross and fine motor	Ability to control large and small muscle movements.
• Language development	Ability to hear, comprehend, speak and write.
• Auditory and visual perception	Ability to encode and decode auditory and visual stimuli.
• Self-help skills	Ability to perform personal management skills.
• Academic/cognitive	Functioning in reading and mathematics.

Criteria for Action

The teacher should refer to the **Student Educational Assessment Screening (SEAS)** in the *Teacher Alert System*, or carefully review the behaviors listed under Indicators and see if the student has discrepancies of a year or more in any of the areas listed. The teacher can begin by implementing the TIPS suggestions and see if they can make a difference. If not, action beyond the classroom should be discussed with school administration.

Possible Reasons

Social/emotional

Problems with interpersonal relationships are very complex. It is important to get as much information about the problem as possible.

When did it begin?

Under what circumstances?

What changes have occurred over time?

Currently what seems to make the behavior better or worse?

A good resource for the teacher in this history taking is **Teacher Analysis of Behavioral Symptoms (TABS)** in Section VI, Teacher Forms for Planning and Referral.

Gross and fine motor

Any number of factors can cause motor problems. The problems can range from minor, such as a slight weakness in a limb, to severe, such as in the case of cerebral palsy. Even a minor motor problem can cause a student distress, so it is suggested that the student be given a complete neurological examination to rule out a central nervous system disorder. Other testing may be required. Children with diabetes may have difficulty with tactual discrimination, students with visual problems may have an unusual gait or appear awkward.

Language development

Problems in language development may occur because of a problem with hearing, cognition, environmental deprivation, emotional disorder, or brain dysfunction. There are also children who are slow in development but may gradually catch up. If a student comes to the first grade with language skills significantly different from the norm of the class, they will definitely need individual attention.

Auditory and visual perception

Problems with perception are often related to a physical problem, so it is critical to rule out any type of damage to the peripheral or central nervous system that could be causing the difficulty. See sections on **Hearing Problems**, **Vision Problems**, **Learning Disabilities** and **Attention Deficit Disorders**.

Self-help skills

In the early grades some children may be developmentally behind their peers due to a lack of educational and/or personal experiences. With peers to follow they should soon catch up. If they do not, look for signs of motor problems or difficulties in other areas for further clues about the child's development.

Academic/cognitive.

Problems in this area may be due to learning or attention problems, mental handicap, sensory disorders, or social/emotional, physical or environmental factors. All of these should be explored before determining a student's correct placement in a program, or the type of method that will be used in remediation. The teacher's teaching style and student's learning style will both be important if the student is to make progress.

T I P S

For the following areas refer to the **Student Educational Assessment Screening (SEAS)** in the *Teacher Alert System* to ascertain the developmental hierarchies

Social-emotional

See Section E. Temperament and Behavior

Motor problems

Gross motor problems are may be evident when the student is clumsy, has an uneven gait, poor balance, and /or awkwardness.

Fine motor problems are evident when students have a difficult time with drawing and writing, cutting, tying, buttoning or anything that requires use of their hands in a coordinated manner.

Tactile and kinesthetic perception may also be a problem. Some children cannot feel differences between textures, have an excessive need to touch, and may show discomfort when being touched.

Students with motor disorders may have problems with body image. They may lack awareness of the relationship among parts of their body and have difficulty with orientation in space and moving from one place to the other.

Sometimes students have problems in school because motor problems cause them difficulty and draw the attention of other students who may tease them, thus causing additional social-emotional problems.

Gross Motor

Depending on the type and extent of the problem, there are a variety of interventions. For the more severe problems, physical therapy or sensory integration therapy may be prescribed by a therapist on an individual basis. Activities involving large motor imitation such as dance-movement exercises, skipping, skating and jumping can be helpful. These can be done with the entire class or smaller groups. This should be done at a level where the student with difficulty can have success.

Fine Motor

Problems with writing and cutting can be helped by the teacher giving the student opportunities to practice such tasks. The student may also need more time to complete the task and this should be considered. Students may enjoy applying skills to practical activities such as sewing with a large needle, making pot holders on a simple loom, squeezing oranges, washing a table, using a set pattern of movements and/or folding napkins.

Language development

See section on **Language Learning Problems**, page V • D • 19.

Auditory perception

Note: In the following exercises it is better to make the sound out of sight of the child (i.e., in back of them, under a table, behind a barrier, in a box, etc.) rather than to ask them to close their eyes or wear a blindfold, which can be very disorienting.

Sound awareness

In a quiet room make sounds, the source of which the student cannot see, and ask the student to indicate when he/she heard the sound by using some action such as raising their hand or dropping a bead in a can. In these exercises it is not important for the student to understand the meaning of the sound, just that the sound occurs. Initial sounds should be loud, distinct and extend for a few seconds. Gradually the sounds should become softer, shorter and more difficult to hear.

Sound discrimination

Use exercises where the student has to indicate whether the two sounds were the same, or different from one another. Start with grossly different sounds and move on to sounds that are similar. Exercises here deal with sounds other than speech sounds.

Sound identification

Have a variety of noisemakers. The student is allowed time to experiment making sounds with the noisemakers. Then select three of the noisemakers and make their sound out of the student's sight. The student must indicate which sound was heard. He/she can either touch a matching noisemaker or point to a representation on a chart.

The student should also be taught to recognize common environmental sounds (e.g., sound of a telephone, doorbell, alarms, etc.).

Speech-sound discrimination

Beginning with grossly different sounds (e.g., t/m) and moving to ones that are quite similar (e.g., m/n), make two sounds and have the student indicate whether they are the same or different.

Make a series of picture cards showing two pictures whose names have minimal differences in the beginning or end of the word (e.g., pen/hen or bow/boat). Have the student point to the picture that is named.

Sound recognition

When the student can discriminate between two speech sounds, present him/her with a sound and ask him/her to indicate each time he/she hears it in a word.

Reproduce pitch, rhythm and melody

Start with readily available objects or noisemakers and move on to where the student imitates using his/her own voice.

Sound sequencing

Allow the student practice in repeating sound sequences. Begin with short, simple sequences, then move on to longer sentences.

Visual perception

As with auditory perception it is important to begin with simple tasks and move on to those which are more complex. The ideas listed below can be modified and expanded to capture the student's interest. Do not stay with a task beyond the time it has been mastered if the student seems to lose interest. The teacher should be prepared with a variety of tasks in this area to move the student along.

Match shapes, colors and numbers

Begin with three dimensional shapes so the student can not only visualize them but feel them as well. In the beginning when the student is matching shapes they should all be the same color to avoid any confusion. When the student is matching colors, they should all be the same shape. The student should be allowed as much time as necessary to help make these connections. Once the student has the concept of matching, the items may be more varied.

Match pictures to objects

An important step is to teach the student that a picture can represent an object. After the student can match object to object and picture to picture, he/she can take the next step to match pictures to objects.

Trace outlines of forms and pictures

The initial exercises on this level involve moving a pencil or crayon between two lines. The lines go from being far apart to very close. The next step is to follow an outline keeping the pencil as close to the line as possible. Students should also practice filling in pictures staying within lines.

Recognize likenesses and differences

Students should be shown two pictures that are similar except for one part. They are to identify what is different about the pictures.

Identify missing parts

Shown common objects, students need to identify what is missing (e.g., a face without a nose, a car without a steering wheel, a bicycle without pedals). If students have a problem with word recall or drawing, the teacher can have a set of possible correct visual responses from which the student can select a correct one.

Object recognition

In a picture that has several items, ask the student to point out particular items. Move from simple to more complex pictures.

Object description

Show the student an item. Tell him/her to look at it carefully. Then put it away and ask the student to tell you about the item.

Self-help

Students need appropriate motor and cognitive skills if they are to succeed in self-help skills such as eating, dressing and toileting. If these skills are not at the student's age level, the teacher must begin a step-by-step process to teach the student the procedures involved. A useful technique here is "backward chaining." In this process :

- analyze the steps involved - task analyze
- select the step that is closest to completing the task
- allow the student, as independently as possible to complete that step.

For example, in the process of zipping a zipper the steps involve placing the two sides of the clothing together, inserting the tab of the zipper into the receptacle and then pulling upward. To teach this task the teacher does the first two steps and brings the zipper up almost to the top so all the student has to do is complete the pulling. The teacher then works backward, until finally the student is doing the action from the beginning.

Some students will need modifications such as a pin or string on the end of the zipper to give them a better grasp for pulling, built up handles on eating utensils and toothbrushes, raised sides on their dishes, velcro closings on their shoes instead of laces.

Academic-cognitive

Determine the area of deficit from the **Student Educational Assessment Screening (SEAS)** in the *Teacher Alert System.* Either simplify the task or break it down into component parts to teach. The teacher will have to know what the precursory information is and be sure the student has attained that knowledge.

It is suggested that when concern is with the academic problem, interventions should be direct, that means in reading, skills to be addressed would be phonetic analysis, sight vocabulary or comprehension. In writing, skills to be addressed would be practice with such activities as making letters. This is in contrast to indirect interventions which may target cognitive processes such as sequencing, that are assumed to be prerequisites for acquisition of the academic. Cognitive processes work well in obtaining control and in changing students behavior and attitudes, but they do not target skills *per se.*

Sources of Support

- **School personnel**
  - — Administrators. Notify first when a problem is identified and further assistance is needed. Following advice of administration, decisions may be made as to how the teacher should proceed. Any of the following may be useful:
    - — **Subject area specialists.** In-school personnel or consultants may either provide support to the teacher, work with the student in the classroom or work with the student in a resource room setting.
      - — Reading teacher
      - — Speech-language pathologist
      - — Learning disabilities specialists.
- **Family members.** May be asked to provide a history of the problem and the current treatment or outside services the student is receiving. If they are interested and able they should also be involved closely in what the regular classroom teacher and other specialists are doing with the students.
- **Physician(s).** May be necessary to rule out any physical illness or sensory deficit.
- **Alberta Education Response Centre**
  Telephone: 403/422-6326

Sources of Support contd.

- **Alberta Education authorized resources.**
  Bachor, Dan G. & Crealock, Carol. (1986). *Instructional Strategies for Students with Special Needs*. Scarborough, Ontario: Prentice-Hall Canada, Inc.

  Murphy, Deborah et al. (1988). *Exceptions: A Handbook for Teachers of Mainstreamed Students*. Longmont, Colorado: Sopris West, Inc.

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on educational deficits.

- **Other resources are available from**
  Learning Resources Distributing Centre (LRDC)
  12360 - 142 Street
  Edmonton, Alberta T5L 4X9
  Telephone: 403/427-2767

  ACCESS Network
  Materials Resource Centre
  295 Midpark Way S.E.
  Calgary, Alberta T2X 2A8
  Telephone: 403/256-1100 (Calgary)
  1-800-352-8293 (outside Calgary)

E. TEMPERAMENT AND BEHAVIOR DISORDERS

This section has eight areas that address temperament and behavior disorders seen in students.

Before considering this section make sure that any problems related to the previous four sections have been addressed. Frequently behavior disorders result from problems at home, problems with the school environment, problems with health and/or problems with learning.

		Page
1.	Student Learning Styles	V • E • 2
2.	Student Anxiety	V • E • 5
3.	Avoidant Behaviors	V • E • 9
4.	Defiant Behaviors	V • E • 12
5.	Conduct Problems	V • E • 17
6.	Self-Attitude - Depression	V • E • 22
7.	Potential School Dropouts	V • E • 28
8.	Suicidal Tendencies	V • E • 32

1. STUDENT LEARNING STYLES

Indicators

AREAS	OBSERVABLE BEHAVIOR
• Modality (Preferred sensory channel)	Auditorally inclined - *Learns best from listening* - *Enjoys word games, talking.*
	Visually inclined - *Learns best when examines, reads* - *Likes visuals, pictures, slides.*
	Tactile/kinesthetically inclined - *Needs to feel and move objects.*
• Rate	Slow - *Takes time, careful, part at a time.* Rapid - *Impatient, likes to move fast.*
• Group size	Small - *Attends/learns better in one-to-one setting. Learns best in small group.* Large - *Prefers large group.*
• Structure	Requires structure/tight scheduling - *Needs clear expectations.* Prefers unstructured/self-directed - *Likes surprises.*
• Stimulation	High - *Works well in noise and confusion.* Low - *Must have quiet, neat surroundings.*
• Activity level	Active - *Learns best through active involvement/doing.* Passive - *Does best when studies, contemplates, has time to think about things.*
• Level of abstraction	Concrete - *Must be shown.* Abstract - *Imaginative.*
• Personality type	Outgoing - *Likes groups, performing.* Shy - *Likes to be quiet, alone.*

Possible Reasons

Unlike other areas addressed in TIPS student learning styles rarely require changing on the part of the student. They are inherent in one's personality and should be respected unless they seriously interfere with the student's performance in the classroom.

Some students who are underachieving may not have learning or behavior problems but are at risk because they have "individual differences" in learning style and temperament, which are not acknowledged and addressed appropriately.

T I P S

When students have difficulties learning, teachers should attend to their modality preferences, how they process information and the way their personality influences their adaptation in the classroom. This may be done by:

- A conference with the parents/guardian and the student to see what the student's interests are at home and what management style works best there
- Discussions with former teachers
- Informal observations of the student at work and play using the **Student Learning Styles** checklist in the *Teacher Alert System*
- Reviewing the indicators on the previous page.

Once these observations are made, conceptualize a different approach. Keep in mind that students:

- May have any combination of styles
- May behave differently depending on the situation
- May change over time.

- Adapt to the students' needs; allow them to maintain their natural style while encouraging additional skills. A student who is visually oriented can improve in auditory learning while maintaining a preference for learning primarily through looking, reading, writing, drawing.
- Make some physical modifications to help the students, such as setting up carrels or quiet areas for students who are easily distracted by noise and movement.

- Teachers should vary the ways in which they present information to allow for different student learning styles.
- Parents/guardians may need some counselling to help them understand how best to help their child study at home. The same issues that apply in the classroom apply at home. In fact, in some homes there may be more flexibility in terms of allowing students as much time as they need, setting up the appropriate study environment and providing one-to-one assistance. In other homes this may be more difficult. If this is the case special arrangements may need to be made, perhaps older siblings can work with younger ones.
- Teachers should be careful when giving assignments that require watching a certain television show, collecting objects, bringing in materials. This may not always be possible and children may respond by rejecting the assignment because they are not comfortable explaining their reasons to the teacher.

Support Systems

- **School administrators.** If teachers do not feel they can meet the needs of these students without additional support, they should contact the school administration and discuss some useful strategies that might be helpful. Teachers made need some professional development in this area or the benefit of someone who is experienced in analyzing teacher-student interactions and environmental effects on students.
- **Resources**

  Check with your school librarian for books, videos, pamphlets and/or periodicals that might be available on student learning styles.

2. STUDENT ANXIETY

What is an anxiety problem?

The essential feature is excessive or unreal anxiety over an extended period of time.

Indicators

- Excessive and unrealistic concern about ability to do well in school.
- Excessive and unrealistic concern about acceptance by peers and being included in social activities.
- Excessive and unrealistic feelings about inability to perform in athletic activities.
- Excessive and unrealistic dwelling on past events; worry that they should have done something differently.
- Excessive and unrealistic worry about what will happen in the future such as failing in school, becoming ill, missing an appointment.
- Extreme self-consciousness.
- Spends a lot of time inquiring about discomforts and possible dangers in situations.
- Needs much reassurance that things are okay.
- Extreme feelings of tension and inability to relax. May have nervous habits such as biting nails, tapping fingers.
- Physical complaints, such as headaches, backaches or lump in throat, with no medical basis.
- May have trouble falling asleep.
- May refuse to attend school because it provokes anxiety.
- May be a "perfectionist"; nothing they do is quite good enough.
- Most anxious in a stressful situation.

Criteria for Action

The teacher should observe the student over a period and determine whether he/she has several of the behaviors listed under Indicators. The teacher should implement the TIPS suggestions and see if they reduce the student's feelings of anxiety and worry. Any cause for real concern should be ruled out. If the student begins to feel more comfortable in school the problem may take care of itself. If not, interventions outside of the classroom should be discussed with school administration.

Possible Reasons

An anxiety condition may suddenly or gradually develop and is sometimes related to a particular incident or time of stress. If the anxiety is very severe it can be incapacitating and interfere with normal social and school functioning. Anxiety may be generalized to a variety of situations or appear only in a specific situation, such as a child having a great deal of anxiety separating from mother (separation anxiety) or doing well in school (test anxiety). It is of most concern when the anxiety is *excessive or unrealistic* and seems to extend over a long period.

T I P S

Teachers with students who consistently appear overanxious should first try to determine if the student's perceptions are indeed unrealistic. If there are logical grounds for a student's concern, or only a few signs, helping the student will be easier for the teacher.

- Initially, the teacher should determine the situation(s) which serve as stressors for the student, provide support and attempt to make the student as comfortable as they can be in those situations.
- The general principle is to allow the student to ease into an anxiety producing situation.
- Seating arrangement. It may help for the student to sit near the teacher or a preferred friend.
- Try to avoid situations(s) that serve as stressors, such as recess. The student might be invited to serve as a helper during that time.
- A "buddy system" might be developed where another student is invited to serve as a companion during times when there are group activities or unfamiliar situations.

- The student might feel more comfortable going out during *supervised* play.
- If the student has problems speaking in front of the class the teacher might begin by allowing the him/her to tape record his/her report or write his/her responses on the board, and then give the oral report with only the teacher and/or one or two students present.
- Plan class activities directed toward stress reduction, such as tension releasing exercises, deep-breathing or relaxing music.
- Provide the student with cognitive self-statements such as, "I know reciting in front of the class will be difficult but if I concentrate and try to relax I can do it."
- Allow the student to "save face." Don't single out the anxious student unless an immediate response is required. Rather, the teacher should take some private times to talk to the student, give reassurance and provide special help.
- Teach students strategies to deal with stress.
- Some students might benefit from time with a counsellor.
- Students who are older might develop their self-confidence by working with younger children who would not be threatening.
- If the student has problems over an inappropriate period, and measures taken by the teacher do not seem to work, the teacher might want to investigate specific areas of concern outside of the school setting. Concerns should be discussed with the family and attempts made to solicit their assistance. The details of getting this information and implementing work with the families should be discussed with school administration.
- Follow-up with the family might include the following:
  - The family should understand what reasonable expectations for their child are. They should understand that unreasonable expectations could cause stress to the child.
  - The family should also consider whether the student has excessive demands on him/her such as constant caring for younger children, many chores or "lessons" that require a lot of practice and at which he/she is expected to excel.
  - Referral to external agency.

Children whose problems fall into the general area of "withdrawn" need as much attention as those student who have "acting out" behaviors.

Support Systems

- **School administrators.** Notify first when a problem is identified and further assistance is needed. Following advice of administration, decisions may be made as to how the teacher or other staff in the school should proceed.

- **Family members.** May be asked to provide a history of the problem, discuss their concerns and the current treatment or outside services the student is receiving.

- **Physician(s).** May be necessary to rule out any physical illness, sensory deficit.

- **Counsellor, social worker.**

- **Alberta Education Response Centre**
  6240-113th Street
  Edmonton, Alberta T6H 3L2
  Telephone: 403/422-6326

- **Professional groups**

  Psychologist's Association of Alberta
  #400 SunLife Place
  10123 - 99 Street
  Edmonton, Alberta T5J 3H1
  Telephone: 403/424-5070

  Division of Clinical Services
  1-135 Education North
  University of Alberta
  Edmonton, Alberta T6G 2G5
  Telephone: 403/492-3746

  The Psychoeducation Clinic
  University of Calgary
  2500 University Drive N.W.
  Calgary, Alberta T2N 1N4
  Telephone: 403/220-5659

- **Resources**

  Check with your school librarian for books, videos, pamphlets and/or periodicals that might be available on student anxiety.

3. AVOIDANT BEHAVIORS

What is an avoidant behavior?

An avoidant behavior is an excessive shrinking from contact with unfamiliar people that is so severe it interferes with social functioning and peer relationships. This behavior is not evident with people whom the student knows well (i.e., family, relatives, friends).

Indicators

- Appears socially withdrawn.
- Easily embarrassed.
- Timid in the company of unfamiliar people.
- Becomes overanxious when requested to interact with strangers.
- Difficulty speaking when very anxious.
- Generally very unassertive.
- Lacks self-confidence.
- May not have age appropriate social skills.
- Difficulties making social contacts beyond the family.
- May feel isolated and depressed.
- May be associated with anxiety disorder.

Criteria for Action

As in the case of student anxiety, the teacher should observe the student over a period and determine whether he/she has several of the behaviors listed under Indicators. A display of one, or even a few, of the items may not mean the student has a problem in this area. It is a combination of factors occurring together, over a period and to an extreme degree, that should be cause for action. In the case of avoidant behaviors, the teacher should implement the TIPS suggestions and see if they can make a difference. If the student begins to feel more comfortable in school the problem may take care of itself. If not, action beyond the classroom should be discussed with school administration.

Possible Reasons

Some students, particularly in the early grades, are naturally shy. Given a chance to get used to the teacher and their schoolmates, they tend to adjust well, although some may remain more passive than others. On the other hand, there are some students whose problems in making contact with unfamiliar persons are so extreme they interfere with both social and school functioning. Children who are quite shy may have allergies. The teacher may wish to discuss the overall health of the student with the family.

Generally such students do fine with family and friends they know well.

These students are generally unassertive and lack self-confidence. They may have other problems, such as a speech-language disorder.

T I P S

The major problem with such students is their inability to assert themselves and feel comfortable beyond the company of persons they know well. There are a variety of interventions teachers may attempt in the classroom.

Since avoidance is often seen in conjunction with anxiety problems, TIPS that apply to the **Student Anxiety** section are also relevant here.

- The student may be assigned a "buddy" (i.e., another student they can get to know well, who has a "caring" type of personality, and can be helpful with both academic and social demands). Once they are familiar and comfortable with at least one student, it will be easier to relate to others.
- Initially the student might be allowed to work as much as possible in small groups.
- The teacher should make it very clear that the student can come to him/her with any problems, however slight they may be. It is then up to the teacher to explain the situation or intervene if relevant.
- The teacher can work on self-esteem and assertiveness activities with the entire class and be sure that the student who has the avoidant condition participates as much as possible.
- The student should not be singled out in front of the group when they are having difficulty with active involvement.

- If predisposing problems, such as a speech or language disorder, are present they should be addressed.
- If the behaviors persist over a period, and little or no change occurs as a result of modification in programming, the student will likely need specialized intervention. The student should be referred for help in conjunction with school administration and the family.
- It may be necessary for the student to have special counselling or psychotherapy, prescribed by a therapist, where they are allowed to express their feelings in a therapeutic setting.

Sources of Support

- **School personnel**
  - — **Administrators.** When a problem is identified and further assistance appears to be needed, teachers should consult with school administration. Following advice of administration, decisions may be made as to how the teacher should proceed. Some additional school staff might also be involved:
    - — School Counsellor
    - — Speech-Language Pathologist
- **Family members.** May be asked to provide a history of the problem and the current treatment or outside services the student is receiving. They may need to seek professional help to understand the problems their child is having and how to deal with them.
- **Physician(s).** May be necessary to rule out any physical illness, sensory deficit.
- **Other specialists**
  - — Counsellor
  - — Psychotherapist
  - — Social worker
  - — Speech-language therapist.
- **Alberta Education Response Centre**
  Telephone: 403/422-6326
- **Alberta Education authorized resources**

  Essa, Eva L. (1990). *A Practical Guide to Solving Preschool Behavior Problems.* Albany, N.Y.: Delmar. 2nd ed.

  Sparzo, Frank J. and James A. Poteet. (1989). *Classroom Behavior: Detecting and Correcting Special Problems.* Toronto, Ontario: Allyn and Bacon.

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on avoidant behaviors.
- **Professional Groups** - See Student Anxiety.

4. DEFIANT BEHAVIORS

What are defiant behaviors?

A more formal term for defiant behavior is "oppositional defiant disorder," which includes a constellation of negative, hostile and defiant behaviors. Such students have problems with self-control, obedience and hostility on a frequent basis.

Indicators

- Readily loses temper.
  - — Does so without much provocation.
- Easily gets into arguments.
  - — Not tolerant of opinions of others.
  - — Wants things own way.
  - — Will not listen to rational discussion.
- Disobeys requests and commands.
  - — Fails to respond within a reasonable time after command is given.
- Defies authority.
  - — Talks back to parents and teacher(s).
- Does not follow rules/regulations.
  - — Does not follow previously announced or learned rules.
- Deliberately does annoying things.
  - — Very provocative. Starts trouble between other students; bothers others.
  - — May curse, swear more than peers.
- Blames others for own mistakes.
  - — Will not accept responsibility for actions.
- Often angry and resentful.
  - — Feels put upon when requests are made.
  - — Feels others have it better.
- Touchy, easily annoyed.
  - — May whine, complain without much cause.
  - — Readily becomes hostile.
- Spiteful and vindictive.
  - — Wants to get back at anyone who provokes them.
  - — Does nasty, mean things.
  - — Humiliates, teases other students.

Criteria for Action

Observe the student over a period and determine whether he/she has several of the defiant behaviors listed under Indicators. Remember that a display of one, or even a few, of the items may not mean the student has a problem in this area. It is a combination of factors occurring together, persistently, and to an extreme degree, that should be cause for action. Also, other factors listed under **Developmental and Learning Disorders**, and **Physical/Sensory Disorders**, must always be ruled out.

Implement the TIPS suggestions and see if they can make a difference. If the student begins to feel better about school and the teacher is successful in using procedures which can control the behaviors, the problem may take care of itself. If not, action beyond the classroom should be discussed with school administration.

Possible Reasons

A teacher's inability to implement good group management skills can contribute to disruptive behavior in the classroom. This in turn can lead to some students showing severe problems of the nature of *defiant behavior*. Problems with learning and behavior and/or physical and sensory problems may also contribute to acting out behaviors. So may problems in the home or neighborhood, all of which should be considered.

Other problems contributing to defiant behaviors include the student feeling alienated, and activities in school not being relevant to his/her needs at the time. Activities outside of the school may appear more important and interesting.

T I P S

The student may show defiant behaviors from a mild to a severe degree. The **Defiant Behaviors Checklist** in the *Teacher Alert System* provides three columns to allow the teacher to rate the student several times to see if patterns change in any way. The severity of the problem will depend on the severity and frequency of the behaviors.

There may be times when generally well behaved students may show some of these behaviors to a mild degree.

Some specific suggestions include:

System study

Consistently defiant behaviors can interfere with classroom activities and regulation.

It is important for the teacher to isolate the behaviors, see where, when and if possible, why they occur.

If there is a pattern in which the behaviors seem to be triggered by certain situations, or individuals, the teacher might be able to make some adjustments to prevent further incidents from occurring.

A good guideline for the teacher in studying critical incidents is the **Teacher Analysis of Behavioral Symptoms (TABS)** form in **Section VI. Teacher Forms for Planning and Referral.**

If the situation cannot be handled readily, a school support team or consultant may, with the information provided by the teacher, be able to implement a helpful classroom strategy.

Focus on aspects of the school environment which are within the staffs' control. Recognize conditions in the school and classroom which may be contributing to the problem, and what can be done to alleviate such conditions within the school program. This assumes a systems model wherein the student is affected by a variety of systems all of which need to be considered if there is to be behavioral change.

School/class rules

Have consistency in rules throughout the school. One way to decrease disruptive behaviors is to be consistent.

Meet students at the door. Make them feel welcome.

Reinforcement schedules

Recognize and praise good behavior, find effective ways of dealing with negative behavior.

When planning a system of reinforcement, set priorities for behaviors to be addressed. Criteria may include those behaviors which are most distressing and those which might be the easiest to work on immediately, so the teacher and student both can see some progress.

Contracting

Allow students to set their own behavioral targets and controls.

Put them in writing.

Set long range goals and short range objectives with the students.

State what will be the expectations for a positive evaluation.

Build into the contract supports the student will need and rewards they can expect.

Develop self-esteem

Promote positive student self-expectations.

Often disruptive students have a long history of being scolded and failing. Make a list with them of their positive points and what they see as their problems.

Discuss with the students *why* they need to change. If they have no motivation, it is less likely their behavior will improve.

Class support systems

Allow students to talk about problems experienced and provide protection and support.

While you want other students to understand their acting out classmate, you also don't want them to feel so put upon that they are not willing to participate in helpful activities.

At some point the teacher may need to have a general class lesson about acceptable behaviors and what to do when another student humiliates, teases or curses at them - behaviors which are more annoying than harmful.

Other students also need to learn not to provoke or tease a student who is edgy and angry.

Student involvement

Involve students in the management of class and school. Some students may feel alienated; they may consider that they have no control over their life. In particular, if the students also have a learning problem they may not have many successes. However, if they can get credit for carrying out some responsible action, it may make them feel better about school.

Contributing factors

It is important to rule out any underlying causes of the defiant behaviors.

Refer to TIPS under **Learning Disabilities, Attention Deficit Disorders** and other sections dealing with **Developmental and Learning Disorders** and **Physical/Sensory Disorders**.

Staff training

Provide training for teachers in classroom management.

Allow staff opportunities for observation and school-based staff development.

One effective technique is to show video-tapes of various interactions between teachers and defiant students and have them analyze components of the situation which could have been done differently.

It is a good idea for teachers to review their classroom management strategies regularly in order to plan ways to circumvent disruptive behaviors before they occur.

Parents/guardian involvement

Develop positive relations with parents/guardian. Often they may have good insight into their child's difficulties. Also, if you are trying a special technique you may want to have some carryover at home.

Sources of Support

- **School personnel**
  - **Administrators.** Notify immediately when a problem is identified and further assistance is needed. Following advice of administration, decisions may be made as to how the teacher should proceed. It may involve having a planned strategy for dealing with crisis situations when they occur, particularly when the teacher does not have another adult available in the classroom. In addition other school staff may need to be involved, including:
    - School counsellor
    - Social worker
    - Psychologist.

- **Family members.** Before action outside of the classroom, or outside intervention of any type is contemplated (unless it is an emergency situation), families should be notified and invited to come to the school for a meeting to discuss the problem. If family members cannot come to the school, a home visit should be arranged. Families should be encouraged to share their experiences and feelings about the situation and be involved in planning for their child. They should also let the school know about any current treatment or outside services the student is receiving that might affect their child's behavior in school. They might also be able to suggest persons who could be of help such as recreation leaders or religious leaders.

- **Physician(s).** May be necessary to rule out any physical illness, sensory deficit.

- **Alberta Education Response Centre**
  Telephone: 403/422-6326

- **Community Resources**
  - Religious
  - Community centres.

- **Alberta Education authorized resources**

  Essa, Eva L. (1990). *A Practical Guide to Solving Preschool Behavior Problems.* Albany, N.Y.: Delmar. 2nd ed.

  Sparzo, Frank J. and James A. Poteet. (1989). *Classroom Behavior: Detecting and Correcting Special Problems.* Toronto, Ontario: Allyn and Bacon.

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on defiant behaviors.

5. CONDUCT PROBLEMS

What is a Conduct Problem?

Conduct problems are a persistent pattern of misdeeds in which the basic rights of others and the rules and norms of society are violated with resulting harm to others. The misdeeds may take place in the home, at school, with peers or in the community.

A critical aspect of conduct problems or disorders is that the physical properties and rights of others are consistently violated. This makes them more critical and difficult to deal with than defiant behaviors which may be extremely troublesome but do not necessarily cause great harm to others.

Indicators

- Physical aggression.
  - — Starts fights with others.
  - — Hurts other people.
  - — Is cruel to animals.
  - — Deliberately damages property of others (breaks, burns).
  - — Forces others into sexual activity.
- Stealing - with victim present.
  - — Snatches pocketbooks.
  - — Uses force to obtain property of others.
  - — Uses weapons - knife, gun.
  - — Blackmail.
- Stealing - without victim present.
  - — Takes things that belong to others.
  - — Shoplifts.
  - — Forges names on documents.
  - — Burglarizes homes, vehicles.
  - — Steals cars.
- School problems.
  - — Is truant from school.
  - — Lies and cheats in games or schoolwork.
  - — Places blame for misdeeds on others.
- Other features.
  - — Frequent use of tobacco, alcohol, drugs.
  - — No guilt, remorse or concern for feelings of others.
  - — Poor frustration tolerance, irritable, temper outbursts.
  - — Stays away from home overnight.

Criteria for Action

The behaviors listed under Indicators should be to an extreme degree and occur repeatedly before the student would be considered to have a conduct problem. This should be remembered even when the action is immediately troubling to the teacher or other students. Implement the TIPS suggestions and see if they can make a difference. If the student responds, further steps may not be necessary. If not, action beyond the classroom should be discussed with school administration.

Possible Reasons

The indicators above include the major signs of this disorder. Behaviors may vary from mild to so severe that the student may not be allowed to participate in a regular classroom or live at home. The student may engage in the listed behaviors alone, or as part of a "gang."

It is important to intervene early to correct behaviors when students show conduct problems. Causes may include:

- lack of appropriate role models and lack of inner controls, neither of which are likely to self-correct
- parental/guardian rejection
- inconsistent management with harsh discipline
- early institutional living
- episodes of abandonment
- absence of a parent/guardian
- parent/guardian with alcohol or drug dependence
- association with a delinquent group.

Self-esteem in such students is likely to be low despite overt "tough guy" behavior. Attention deficit disorder with hyperactivity is also commonly associated with conduct problems.

Mood disturbance is common in conduct disorders and in some cases the conduct disorder may be secondary to depression.

Sometimes the student who seems a victimizer is a victim in which case attending to the root problems should be a part of any intervention. For example, in a recent review of 14 juveniles whose crimes were extremely severe, nine had major neurological impairment, seven

suffered a psychotic disorder, seven had significant organic dysfunction and only two had full-scale IQ scores over 90. Twelve of the juveniles had been brutally physically abused and five had been sodomized by relatives. For a variety of reasons the subjects' vulnerabilities were not recognized.[1]

T I P S

Review the major areas on the **Conduct Disorders** checklist in the *Teacher Alert System* or the Indicators above. Determine level of severity and specific behaviors seen. If necessary:

— Write in the specific behaviors seen in the student

— Address each problem individually using the techniques listed below.

If problems persist, and the special intervention along with normal classroom procedures do not produce a positive change, the teacher should discuss with a specialist in this area, the specific behaviors, their frequency and situations where they are most likely to occur.

It is not appropriate to label a student as having a conduct problem when instances of antisocial behavior are isolated or infrequent.

Improve self-esteem.

— Give the student alternative ways to assert himself.

— Rule out any problems that would contribute to offensive behavior.

— Address the issues listed under Possible Reasons.

— Provide counselling.

— Keep the student busy.

If recess time or study hall are when incidences of aggression usually occur, segregate the student to help out in the classroom or do an errand — something to earn positive recognition.

Role models

It is important for teachers to present a good model by the way they resolve conflicts in the classroom.

Demonstrate how to be assertive without being aggressive through voice tone, body control and the manner used to reprimand and punish.

---

1 Chess, Stella and Hertzig, Margaret E. (Editors).(1989). *Annual Progress in Child Psychiatry and Child Development.* New York: Brunner/Mazel, Publishers. pp. 516

Simulation strategies

Work with students on ways to handle confrontations without using physical force.

Explore alternative ways to get positive attention and avoid negative attention (i.e., how to respond to teasing, hitting, someone taking your personal belongings).

Power sharing

Allow the aggressive student some positive ways to exert power. Put him/her in charge of a project, one he/she can easily handle.

Allow the student to be a monitor.

Discuss how he/she would handle the situation if a student committed an aggressive act.

Consistent policies

Set classroom and school policies and enforce them consistently.

Try to anticipate problems, or intervene as soon as it appears that a problem is about to occur. This requires careful monitoring. Reliable controls at critical moments are important if the student is going to develop his or her own inner-controls.

Physical aggression

When a teacher observes fighting in the classroom or other areas of the school, the first step is to remove the student from the scene of the altercation to a private place.

- Explain that fighting and hurting others is not acceptable and try to find out the reason the fight started.
- If the student perceived he/she did not start the fight, explain what else he/she could have done under the circumstances.
- Permit the student to watch the rest of the group working or playing appropriately.
- Have the student indicate when he/she is ready to return to the group.

Support victims

Be sure other students feel comfortable in telling about incidences of bullying outside of the classroom.

Manage the situation so the bully does not later become even more vindictive and bullying.

Have class discussions on what is wrong with bullying — create peer pressure.

Give victims strategies which make them less of an easy prey.

Family intervention

Usually the student's problem behavior is not limited to the school. It is important to know what the situation is in the home and to work with the family. The family may need intensive education and support .

Therapeutic services

If the teacher cannot handle this problem adequately in the classroom, he/she may need to discuss with school administration the bringing in of specialized personnel who have experience dealing with students who have conduct problems, and who may be able to make a referral for a special setting or in-classroom assistance for the teacher.

Sources of Support

- **School personnel**
  - — **Administrators.** Notify first when a problem is identified and further assistance is needed. Following advice of administration, decisions may be made as to how the teacher should proceed. Other school staff to be included in such discussions if they are available are:
    - — Counsellor
    - — Psychotherapist
    - — Speech-language therapist.

- **Family members.** When a student shows indications of conduct problems, and immediate action is not taken, the problem may escalate greatly. The family should be informed to see what their concerns are and asked to help the school in trying to remediate the difficulties their child is having. Speak to family members to see if the problem behavior is a consequence of something happening in the home and if the same behaviors are manifested outside of the classroom. Families may also need assistance in dealing with the student's problem.

- **Physician(s).** May be necessary to rule out any physical illness or sensory deficit that could interfere with the student's well being and how he feels about himself.

- **Social worker.** Assistance with referrals to professional agencies and other sources of intervention outside of the school.

- **Alberta Education Response Centre**
  Telephone: 403/422-6326

- **Community resources**
  - — Religious
  - — Community centres.

- **Alberta Education authorized resources**
  Essa, Eva L. (1990). *A Practical Guide to Solving Preschool Behavior Problems.* Albany, N.Y.: Delmar. 2nd ed.

  Sparzo, Frank J. and James A. Poteet. (1989). *Classroom Behavior: Detecting and Correcting Special Problems.* Toronto, Ontario: Allyn and Bacon.

  Check with your school librarian for other books, videos, pamphlets and/or periodicals that might be available on conduct problems.

6. SELF-ATTITUDE — DEPRESSION

What is student depression?

Major features of depression are that the student has a depressed or irritable mode or loss of interest or pleasure in all, or almost all activities, for a period of at least two weeks. This is pervasive and a change from previous behaviors.

Indicators

- Always unhappy; no pleasure in previously enjoyed activities.
- Has "blues" a lot.
- Can't make any decisions or has great difficulty making decisions.
- No longer cares about anyone.
- Carelessness; does not look after self.
- No friends, ostracized by others.
- Avoids interaction with others.
- Hates self or dislikes many things about self.
- Constant feelings of guilt about everything.
- Cannot work or has hard time starting and staying with assignments.
- Exhausted; tires easily for no special reason.
- Change in eating habits. No appetite or increased appetite.
- Feels ugly and unappealing; feels most students are better looking.
- Serious thought about suicide. Thinks others would like him/her out of the way.
- Feels a failure about most things in school.
- Little hope about doing well in life.

Criteria for Action

If the student appears unhappy and depressed and is generally a loner, the teacher should observe the student carefully and then review the Indicators associated with depression. Some of the Indicators may be associated with other problem areas. The teacher should check the **Behavioral Index** to see if this is the case. Teachers should consider factors of current concern in the student's life, as depression may be the result of a crisis in the family or their personal life.

Possible Reasons

The cause of depression may be different in every case. However, there are some common themes. Primary among these is a negative self-concept — poor self-esteem and possibly an anxiety state based on either realistic events or mistaken perceptions. For this reason, always look into the student's current status at home, consult with other staff who have associations with this student and observe his/her relations with other students in the class or around the school. These investigations will help you in dealing with the student whether the depression is situation-specific, which can be a normal response to a transitory problem, or is a true clinical depression.

Depression is also frequently associated with other disorders, such as alcoholism, drug addiction and eating disorders. Depression is also masked in some cases by somatic complaints (e.g., chronic fatigue, pains in the body). Children who are prone to depression may have higher rates of allergy, particularly hay fever and asthma. Look for physical as well as behavioral signs of these problems, and if you suspect they exist, consult with a specialist in the school or make a recommendation for an outside evaluation. Also note that symptoms of aggression, conduct disorder or hyperactivity may mask signs of depression, causing the depression to go undetected and untreated.

Many who suffer from depression do not come forward for treatment and are often unrecognized. The medical community also is studying genetic and/or environmental causes of depression.

T I P S

Recognition

Depression should be recognized as a factor influencing the behavior of some students.

Studies have shown that in general, teachers and parents report more "externalizing" or acting out problems, while children report more "internalizing" symptoms.

However, students may not recognize they are depressed, or they may have difficulty explaining what the problem is or not understand that help is available. Thus, it is up to teachers and families to be more alert to signs of depression and to take student reports seriously when they are offered.

One role of the teacher who suspects a student is depressed, is to ascertain, in some non-threatening way, how the student feels. For students who can read, or even check a happy or frowning face when they hear a statement, the **Student Self-Attitude Checklist** in the *Teacher Alert System* can be used.

Assessment

One way to do an assessment is to work with a small group so as not to single out the student with whom you are concerned.

— Tell students you are interested in their perceptions of themselves.

— Ask them to read each row of responses from the **Student Self-Attitude Checklist** and put a check on the item that best describes how they feel, or read the statement aloud and ask them to check a smile or frown face for each question.

— The Checklist can also be used individually. If students do not check any items it may mean the area does not pertain to them, that they cannot decide or that it is threatening for them. Stress that this is **not a test**, but a basis for beginning to deal with some concerns the students may have.

Determining a problem

If students check several of the items numbered designated as number 3 on the **Student Self-Attitude Checklist** they may have a severe problem. Checks on the items designated as a 2 may indicate a problem also, but a lesser one.

Depression may be also be demonstrated through signs of negligence and withdrawal, or by acting out behaviors. These behaviors would be clearly different from those shown previously by the student (e.g., changes in eating and sleeping patterns and mood, appearing sad, unhappy about the way things are going, not feeling well and having less ability to make decisions and solve problems). In general students do not feel positive about themselves.

Some acting out behaviors include:

— Increasing alcohol or other drug use

— Increasing school problems and truancy

— Fighting, taking risks, rejecting friends and family

— Sometimes running away from home

— Becoming negative, antisocial and oversensitive.

At the extreme are students who feel so bad about themselves that they are at risk for suicide.

— They really feel a sense of hopelessness and that life is futile.

— They may have major mood changes with signs of anxiety, tension and agitation.

— They have personality changes that are obvious.

— A polite, outgoing student becomes withdrawn and rude.

— They have fears and self-destructive thoughts.

— They may or may not be able to discuss their thoughts and fears with family, friends or their teacher.

— They may make statements that indicate the nature of their suicidal thoughts: "Life is not worth living"; "Everyone would be better off without me."

Addressing the problem

Someone with whom the student can relate well should discuss (on an individual basis) the responses on the checklist or the student's observable behaviors. It may be very difficult for the student to directly address issues, so the person helping may need to be patient or try various ways to help the student open up.

As noted earlier, a first step is to ascertain how directly their feelings relate to actual events. Student depression arising from being close to someone who is sick, dying or has abandoned them, is a different form of depression than a teenager who is worried about his or her lack of "personality" or popularity. There is often an astonishing difference between the depressed person's perception of him/herself and the actual facts.

Providing reassurance will be very helpful as long as the person counselling conveys sincerity. However, optimistic statements may sometimes make a depressed person feel worse!

There should be a concerted effort to improve students' self-esteem; making them feel better about themselves or more capable of directing their own lives and having hope for the future. All relationships with significant adults can affect the way students feel about themselves; so, all significant adults in the school need to be involved. The following are suggestions for ways to improve students' self image:

- Reinforce self-awareness and uniqueness
  - — Have them make a coat of arms for themselves
  - — Draw a self-portrait or advertisement about themselves.
- Address the student's ability ("you're good at this") and efforts ("you are trying hard")
- Avoid criticism, sarcasm, teasing, negative labeling — especially in public
- Give students opportunities to succeed
  - — Present material in short and manageable segments
  - — Always take into account the student's learning style
  - — Monitor and assist as necessary so that errors are caught soon and the student does not fail on the entire experience.
- Set some responsibilities (e.g., housekeeping, organizing shelves, hall monitor). Reinforce positive efforts
- Find activities that are meaningful and interesting
- Put the student in charge of recycling or planning a trip for the class
- Train the student to make positive comments about what he/she has done
- Show interest in likes and dislikes, hobbies, pastimes. If he/she watches a particular TV show, watch it also so you can discuss it with him/her. The same for sports events
- If the student is in high school, has little interest in academics, is not a good student and, in addition, could use some financial help, it might be possible to work out a work-study program.

In very severe cases of depression, an assessment should be made by a psychiatrist who may be able to ascertain whether the problem is psychiatric or whether other systems are involved. Factors such as brain chemistry dysfunction and related disorders may be contributing to the problem. If medication is a treatment of choice, it should only be taken under the direction of medical personnel who will carefully explain potentially serious side effects. If students are on medication, teachers should be involved in evaluating effects on classroom-based behaviors.

With proper attention, recovery from an episode of depression occurs in most cases, particularly in younger children.

In cases where students are identified as a potential suicide risk, an immediate assessment by a qualified professional *must* follow.

Sources of Support

- **School personnel**
  - — **Administrators.** If teachers feel they have a student who is noticeably depressed, or even whom they suspect is depressed, based on student reports, observations and results from checklists such as the **Student Self-Attitude** checklist, they should request consultation from school administration regarding the next steps to take. Other school staff to be involved may include:
    - — **Social worker.** May provide assistance with referrals to professional agencies and other sources of intervention outside of the school.

- **Other specialists**
  - — Counsellor
  - — Psychotherapist
  - — Speech-language therapist.

- **Family members.** Speak to family members to see if the problem behavior is a consequence of something happening in the home and if the same behaviors are manifest outside of the classroom. Families may also need assistance in dealing with the student's problem.

- **Physician(s).** May be necessary to rule out any physical illness or sensory deficit that might be interfering with the student's ability to function well at school or at home.

- **Alberta Education Response Centre**
  Telephone: 403/422-6326

- **Community resources**
  - — Religious
  - — Community centers
  - — Recreation centers.

- **Vocational counsellor.**

- **Resources**

  Check with your school librarian for books, videos, pamphlets and/or periodicals that might be available on self-attitude--depression.

7. POTENTIAL SCHOOL DROPOUTS

What is a School Dropout?

A school dropout is a student who is physically and mentally able to attend and participate in school, but leaves the school system and does not transfer to another educational program. There is no typical dropout.

Indicators

- Family has financial problems.
- History of dropouts in family.
- One/both parents frequently absent from home.
- Has moved/changed schools frequently.
- Poor communication between home and school.
- Emotionally neglected.
- Abused physically or sexually.
- Rebellious toward authority.
- Friends who are anti-school.
- Problems with drinking or drugs.
- Poor attitude toward value of education.
- Little interest in future vocation.
- Poor self-concept.
- Poor relationships with authority figures.
- Poor relationships with peers.
- Not accepted/teased by peers.

Criteria for Action

The above indicators are addressed in other areas throughout this resource. A combination of indicators will be a challenge for the teacher to address. It is appropriate for the teacher to discuss the student with other staff and school administration before dropping out occurs.

Implement the TIPS suggestions and see if they make a difference. If the student begins to feel more comfortable about the stresses in his/her life and the way things are going in school, the problem may take care of itself. If not, action beyond the classroom should be discussed with school administration.

Possible Reasons

Leaving school is usually the result of complex interactions. Possible causes include academic or school difficulty; adjustment in school, home or community; family problems; and interpersonal problems.

There may also be practical reasons, from the student's point of view, for dropping out of school. These may include work, pregnancy and marriage. However, these students generally have no incentives to stay in school, even when they know their future may be bleak without an adequate education.

T I P S

Problems may be interrelated, so assistance provided in one area can carry over to another.

Identification

- The first step toward prevention is recognizing the **danger signs**.
- The earlier intervention occurs the better it will be for the student in the long run.

Early intervention

- If the problem is due to academic difficulty, the student should be given extra assistance, a modification in curriculum or a change in the learning environment to better suit his or her needs.
- It is important to ascertain the student's goals and address them in personalized learning modules, rather than to keep to a regular curriculum, if it means the difference between the student staying in school or not.
- It is very important to provide students with opportunities for success.
- Provide assistance and special help with a positive attitude and respect for the student.
- If it appears that doing homework is a problem because of conditions in the home, special arrangements may have to be made during school or at some other location with a tutor provided.

- School should be interesting, meaningful and comfortable for the student.
- The student's future goals should be considered in planning his/her curriculum. Higher mathematics or a foreign language or biology may not seem important for someone whose goal is to be a cabinet maker or automobile mechanic.

Set realistic goals

- On the other hand, students need to be challenged. If the school administration do not have high expectations, why should the student?

Address problems of self-esteem

- Unless the student's self-image is changed, it is not likely that behavior or learning will improve. Review the preceding section on **Student Self-Attitude - Depression**.

Involve the student

- The student should be involved in decision making processes, especially those that involve his/her future as he/she also has to take responsibility for himself/herself.
- If the use of drugs or alcohol is a part of the student's problem, this should be addressed directly.

Involve the family

- The family may be very helpful when they are informed and become involved in their child's school affairs.
- If there are problems in the home, the family may need help in resolving some of the student's problems along with their own.
- Parents/guardian must be notified immediately when their child is absent from school. They must be encouraged to take some responsibility for their child going to school, doing homework and complying with school rules and regulations.

Involve the community

- Look into community resources that can be used to assist with the student.
- Work experience programs, volunteers from the community and involvement in community projects, may entice the student to stay in school.

Review all areas of possible concern

- Review other *Teacher Alert System* checklists that include any of the checked behaviors to rule out other problems. Many items on the **Potential School Dropouts Checklist** in the *Teacher Alert System* have other causes which should be addressed. Generally a variety of problems which in combination are distressing to a student, lead to dropping out.

Sources of Support

- **School personnel**
  - — **Administrators.** Notify first when a problem is identified and further assistance is needed. Following advice of administration a variety of intervention may be considered. These may include counselling, change in placement, tutoring. The family should be consulted. Other school staff to be involved may include:
    - — **Social worker.** May provide assistance with referrals to professional agencies and other sources of intervention outside of the school.

- **Other specialists**
  - — Counsellor
  - — Psychotherapist
  - — Speech-language therapist.

- **Family members.** May be asked to provide a history of the problem and the current treatment or outside services the student is receiving. Attitudes of the family are also important, as they may need counselling about the importance of their child staying in school. If financial difficulties are a part of the problem is also useful information for school personnel. Speak to family members to see if the problem behavior is a consequence of something happening in the home and if the same behaviors are manifest outside of the classroom. Families may also need assistance in dealing with the student's problem.

- **Physician(s).** May be necessary to rule out any physical illness, sensory deficit.

- **Alberta Education Response Centre**
  Telephone: 403/422-6326

- **Community resources**
  - — Religious
  - — Community centres
  - — Recreation centres.

- **Counselling services**
  - — Vocational counselling
  - — Guidance and Counselling
  - — Career counseling.

- **Resources**

  Check with your school librarian for books, videos, pamphlets and/or periodicals that might be available on school dropouts.

8. SUICIDAL TENDENCIES

Indicators

- Threatens or talks about means of committing suicide.
- Actually attempts suicide.
- Personality changes - becoming withdrawn, rebellious, rude or acting out.
- Self-destructive actions or statements.
- Extreme anxiety, tension or agitation.
- Expression of depression, hopelessness, helplessness, sadness.
- Loss of interest in personal appearance.
- Swings in mood.
- Swings in appetite (decreased appetite).
- Impulsiveness.
- Increased risk-taking; recklessness.
- Increased use of alcohol/drugs.
- Avoidance of friends and activities formerly enjoyed.
- Preoccupation with thoughts of death or illness.
- Putting affairs in order, makes a will, gives away prized possessions.
- Talks about "going away."

Criteria for Action

In the case of suicidal tendencies, the factors listed under Indicators are not all equal. Threats to commit suicide or actual attempts indicate an immediate need for intervention. In the case of the other behaviors, a display of one or even a few, may not mean the student has a problem in this area. It is a combination of factors occurring together, over a period and to an extreme degree, that should be cause for action. TIPS suggestions should be tried to see if they can make a difference. If the student begins to feel better about himself/herself and the life space in which he/she lives and goes to school, the problem may resolve itself. If not, action beyond the classroom should be discussed with school administration.

Possible Reasons

There is general agreement that there is no single causal factor, but a combination of problems that contribute to feelings of low self-esteem, hopelessness, stress, depression or despair, which in turn increase the risk of suicidal thoughts and behavior.

If the problem seems to be of recent origin, then it is necessary to consider recent occurrences in the student's life. For example:

- Parental separation or divorce appears to be a major factor in suicide among young people
- Other disturbance in the family such as poverty or illness
  - — This situation is particularly critical when it is coupled with the family moving away from a familiar neighborhood and a family, friend and community support system
  - — A lack of stability and continuity contributes to feelings of helplessness, depression, loneliness and confusion
- Breakup of a boy/girl friend or other significant relationship. Students may not have the insight to know that the loss was not entirely their fault and that the crisis can be survived
- School problems. Social or academic difficulty can cause the student to develop a significant lack of self-esteem
- Difficulties with a parent/guardian or family member
- Poor health or injuries
- Physical, sexual or psychological abuse or neglect
- Trouble with the law. This may include abuse of drugs and alcohol, becoming delinquent or sexually promiscuous.

T I P S

Suicide among adolescents is not unknown. *The communication of suicidal intent is the best single predictor of an accomplished suicide.*

Strategies for prevention of suicide include:

— School-based educational programs and screening procedures

— Identifying "high risk" students

— Effective treatment of suicidal attempters

— Minimizing opportunities for suicide imitation

— Hotlines and crisis services

— Controlling access to the methods most often used to commit suicide.

Among adolescents suicide is more often an impulsive act than it is among more mature persons. That means if a weapon, such as a gun, is available in the home, a suicide attempt is more likely to be attempted and more likely to be successful.

Most suicides in youth occur in those with identifiable mental or character disorders. The emphasis in suicide prevention programs should be directed towards the early identification and appropriate treatment of the episodes of psychopathology that underlie and precede most instances of adolescent suicide. Also look at students who have:

— drug or alcohol problems

— failing grades

— lost someone close to them to a suicide death

— family problems.

Awareness of warning signs is important in preventing suicide.

Most people who commit suicide show depression and ambivalence about living and dying and will communicate this in some way.

If the student checks, "I have seriously thought about suicide lately," or "Sometimes I think other people would like it if I left this earth," on the **Student Self-Attitude Checklist** in the *Teacher Alert System*, or otherwise indicates signs of severe depression, be alerted.

Even if the student's response appears overly dramatic, it indicates negative self-feelings.

If several items on the Indicators describe a student, there is some cause for concern.

Providing comprehensive prevention procedures in the days following a suicide death in the school is a powerful form of prevention.

It is suggested that issues such as suicide be a topic of discussion at school support team meetings. When a particular student seems "at risk" his/her particular problems might be looked into, preventative measures taken and plans for intervention can be readied for immediate action.

Some TIPS:
— be direct — address issues
— be involved and available
— be willing to listen
— do not be judgmental
— take actions
— remove means.

It is important to note that such behaviors as "anxiety" or "acting out behaviors" may individually not indicate a risk for suicide. In fact, they also appear on other checklists. However, such behaviors in combination with others on the **Risk of Suicide** checklist in *Teacher Alert System,* may indeed indicate a risk.

For the student's best interest, two approaches must be taken simultaneously:

- One — investigate realistic concerns that are causing the depression
- Two — teach the student coping skills.

Students must be taught to express their feelings and ask for help. Provide training in stress management or coping strategies.

The immediate response of the school should be to provide alternatives to suicide and relief from the pain and depression that the student is feeling. Some positive change, no matter how small, should be put into effect at once so that the student has proof that things can get better. Allow the student to drop a class that is not satisfactory and provide alternative, more acceptable activities and/or classes that may benefit the student.

It is important that the student feel secure in the school setting (see section on **School Security**, page V•B•12) and understand clearly what is expected of him/her.

School staff, students and families should be provided with information about mental health resources, specifically, how they operate and how they can be accessed. They should also be aware of Crisis Services and Hotlines.

Sources of Support

- **School administrators.** Notify first when a problem is identified and further assistance is needed. In this situation teachers must follow the advice of administration and other school support staff.

- **Family members.** Someone of authority in the school (i.e., principal) should speak to family members to see if the problem behavior is evident in the home and if parents are aware of the signs students are showing in school. School personnel should know if the behaviors they see are associated with something happening in the home. Families may also need assistance in dealing with the student's problem including how to work with outside resources.

- **Other specialists**
  — Counsellor
  — Psychotherapist
  — Speech-language therapist.

- **Physician(s).** May be necessary to rule out any physical illness, sensory deficit. This is particularly true if the student is worried about his or her health or the health of someone else they care about. Also, if a student is not feeling well, coping in general becomes very difficult. If they are having problems because they have a sensory or health problem, medical attention should be given immediately.

- **Social worker.** May provide assistance with referrals to professional agencies and other sources of intervention outside of the school.

- **Community resources**
  — Religious
  — Community centres
  — Recreation centres.

- **Agencies dealing with**
  — Alcohol and drug abuse —AADAC
  — Child abuse
  — Mental Health
  — Pregnancy, family planning.

- **Counselling services**
  — Vocational counselling
  — Guidance and Counselling
  — Career counselling.

- **Suicide Information and Education Centre**
  201, 1615 - 10 Avenue, S.W.
  Calgary, Alberta T3C 0J7
  Telephone: 403/245-3900

- **Office of the Provincial Suicidologist, Alberta Health.**

- **Mental Health Division, Alberta Health.**

Sources of Support cont'd.

- **Suicide prevention..Distress Line/Suicide Line**

  Suicide Prevention Programs
  Community Connections
  202, 10534 - 124 Street
  Edmonton, Alberta T5N 1S1
  Programs: Telephone Follow-up,
  Flying Squad , Suicide Bereavement, Public Education.
  Telephone: 403/482-4357

  Note: Each recipient of this document should insert the telephone number of the crisis line in their Province/Region so it is readily available if needed. Intermittently check the number to be sure it is still correct.

  Telephone: 403/_____/_____

- **Resources**

  Alberta Education. (1987). *Suicide Prevention and Coping: A Manual for Counsellors and Administrators.*

  Alberta Education. (1987). *Understanding Depression and Suicide: Student Booklet.*

  Alberta Education Response Centre. (1992). *Bereavement and Loss Manual: For Administrators and Teachers.*

  Check with your school librarian for books, videos, pamphlets and/or periodicals that might be available on suicide.

VI. TEACHER FORMS FOR PLANNING AND REFERRAL

The following forms can help the teacher analyze the problems at hand and make a more informed referral for professional assistance either in the school or in the community. They are similar to the forms in the *Teacher Alert System* but are presented here for the teacher's convenience.

Page

A. Teacher Analysis of Behavioral Symptoms (TABS)..... V • 2

Whether the teacher plans to address students' problems in the classroom or make a referral for outside intervention, it is important that relevant information be available. The purpose of TABS is to provide the teacher with a format to record this information, and in so doing, see what beginning solutions might be offered in the classroom.

B. Teacher Planning Chart..... V • 6

C. Student Referral Form..... V • 7

A. TEACHER ANALYSIS OF BEHAVIORAL SYMPTOMS (TABS)

Student:_____ **Dates Covered:**_____

Behavior causing immediate difficulty:

Out of school conditions that may be contributing to the problem:
(Family circumstances, stressful events, etc.)

Class/school difficulties (Change in school/class, problem with classmates, etc.):

History of presenting problem:

- When was target behavior first noticed?
- How did it progress?
- Is it (same) (worse) (better) at current time?

When are incidents more likely to occur and under what conditions/circumstances?
- Time of day
- Time of week
- Time of month
- During change in routine
- Change in physical property of room
- Other:

A. TEACHER ANALYSIS OF BEHAVIORAL SYMPTOMS (TABS)

Where are incidents most likely to occur?
- Home
- School -in class
  -outdoor play
  -other
- Subjects (list)

What are characteristics of the environment that seem to affect the student?

- Noise
- Lighting
- Temperature
- Other

Who is usually involved when the problem occurs?

- Staff
- Other students
- Family members
- Strangers
- Other

Pattern of behavior:

- How often does it occur (frequency per day, week, month)?
- Describe onset -- (begins suddenly or gradually builds up, etc.)
- How long does it last? Does it come and go spontaneously?
- How severe is it?

Previous assessments:

A. TEACHER ANALYSIS OF BEHAVIORAL SYMPTOMS (TABS)

List student strengths:

- General health

- Academic

- Peer relations

- Relations with teacher(s)

- Physical abilities (sports, general motor)

- Talents, hobbies

- Preferred activities

- Other

A. TEACHER ANALYSIS OF BEHAVIORAL SYMPTOMS (TABS)

What would you accept as a step toward improvement?

Teacher efforts - List procedures that have been tried. Note which seems to change behavior.

B. TEACHER PLANNING CHART

Focus on behaviors or skills that need to be improved. Note **Areas of Concern** in *TIPS* ; target behaviors for change taken from **Indicators;** and outcomes.

Student: _____Birthdate: _____ Period Covered: _____

Area	Target Behaviors	Evaluation

C. STUDENT REFERRAL FORM

Referred to: _____ Date: _____

Referred by: - School: _____

- Staff member: _____ Position: _____

Referred student : Name: _____ Birthdate: _____

Reason for referral:

Assessments available:

Interdisciplinary attempts to resolve problems:

Objectives of referral: